

Electronic Filing Instructions for your 2017 Federal Tax Return

Important: Your taxes are not finished until all required steps are completed.



William J & Indra Mattiace
186 Locust Street, Apt. PVT
Floral Park, NY 11001

Balance Due/Refund	Your federal tax return (Form 1040) shows a balance due of \$8,207.00. Your return shows you have elected to pay your balance due of \$8,207.00 by Direct Debit using the following information: - Amount Withdrawn: \$8,207.00 - Account Number: 55010943 - Routing Transit Number: 021000089 - Date of Withdrawal: 03/30/2018															
What You Need to Keep	Your Electronic Filing Instructions (this form) Printed copy of your federal return															
2017 Federal Tax Return Summary	Adjusted Gross Income \$ 240,462.00 Taxable Income \$ 201,432.00 Total Tax \$ 41,607.00 Total Payments/Credits \$ 33,546.00 Payment Due \$ 8,061.00 Penalty/Interest \$ 146.00 Balance Due With Penalty/Interest \$ 8,207.00 Effective Tax Rate 17.30%															
Estimated Payments to Make for Next Year's Return	<p>Estimated Payments for 2018 - Do not mail these vouchers with your 2017 income tax return. The estimated vouchers displayed below are used to prepay your 2018 income taxes that will be filed next year. If you expect to owe more than \$1,000 in 2018, you may incur underpayment penalties if you do not make these four estimated tax payments. This printout includes your estimated tax vouchers for your federal estimated taxes (Form 1040-ES).</p> <p>Mail payments according to the schedule below:</p> <table><thead><tr><th>Voucher Number</th><th>Due Date</th><th>Amount</th></tr></thead><tbody><tr><td>1</td><td>04/17/2018</td><td>\$ 3,931.00</td></tr><tr><td>2</td><td>06/15/2018</td><td>\$ 3,931.00</td></tr><tr><td>3</td><td>09/17/2018</td><td>\$ 3,931.00</td></tr><tr><td>4</td><td>01/15/2019</td><td>\$ 3,931.00</td></tr></tbody></table> <p>Include a separate check or money order for each payment, payable to "United States Treasury". Write your social security number and "Form 1040-ES" on each check.</p> <p>Mail payments to: Internal Revenue Service P.O. Box 37007 Hartford, CT 06176-7007</p>	Voucher Number	Due Date	Amount	1	04/17/2018	\$ 3,931.00	2	06/15/2018	\$ 3,931.00	3	09/17/2018	\$ 3,931.00	4	01/15/2019	\$ 3,931.00
Voucher Number	Due Date	Amount														
1	04/17/2018	\$ 3,931.00														
2	06/15/2018	\$ 3,931.00														
3	09/17/2018	\$ 3,931.00														
4	01/15/2019	\$ 3,931.00														

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year —
Due 04/17/2018

2018 Form 1040-ES Payment Voucher 1

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2018 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order	►	3,931.
REV 11/13/17 TTW		1555

117-52-2618 071-62-9248
WILLIAM J MATTIACE
INDRA MATTIACE
186 LOCUST STREET APT PVT
FLORAL PARK NY 11001

INTERNAL REVENUE SERVICE
PO BOX 37007
HARTFORD CT 06176-7007

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year—
Due 06/15/2018

2018 Form 1040-ES Payment Voucher 2

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2018 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order	►	3,931.
REV 11/13/17 TTW 1555		

117-52-2618 071-62-9248
WILLIAM J MATTIACE
INDRA MATTIACE
186 LOCUST STREET APT PVT
FLORAL PARK NY 11001

INTERNAL REVENUE SERVICE
PO BOX 37007
HARTFORD CT 06176-7007

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year—
Due 09/17/2018

2018 Form 1040-ES Payment Voucher 3

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2018 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

117-52-2618 071-62-9248
WILLIAM J MATTIACE
INDRA MATTIACE
186 LOCUST STREET APT PVT
FLORAL PARK NY 11001

Amount of estimated tax you are paying by check or money order	►	3,931.
REV 11/13/17 TTW		1555

INTERNAL REVENUE SERVICE
PO BOX 37007
HARTFORD CT 06176-7007

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year—
Due 01/15/2019

2018 Form 1040-ES Payment Voucher 4

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **United States Treasury**. Write your social security number and '2018 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order	►	3,931..
REV 11/13/17 TTW		1555

117-52-2618 071-62-9248
WILLIAM J MATTIACE
INDRA MATTIACE
186 LOCUST STREET APT PVT
FLORAL PARK NY 11001

INTERNAL REVENUE SERVICE
PO BOX 37007
HARTFORD CT 06176-7007

For the year Jan. 1-Dec. 31, 2017, or other tax year beginning

, 2017, ending

, 20

See separate instructions.

Your first name and initial

Last name

William J

Mattiace

Your social security number

117-52-2618

If a joint return, spouse's first name and initial

Last name

Indra

Mattiace

Spouse's social security number

071-62-9248

Home address (number and street). If you have a P.O. box, see instructions.

Apt. no.

186 Locust Street

PVT

▲ Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).

Floral Park NY 11001

Presidential Election Campaign

Foreign country name

Foreign province/state/county

Foreign postal code

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

 You Spouse**Filing Status**1 Single4 Head of household (with qualifying person). (See instructions.)2 Married filing jointly (even if only one had income)

If the qualifying person is a child but not your dependent, enter this child's name here. ►

3 Married filing separately. Enter spouse's SSN above and full name here. ►5 Qualifying widow(er) (see instructions)**Exemptions**6a Yourself. If someone can claim you as a dependent, do not check box 6a

Boxes checked on 6a and 6b

2

b Spouse

No. of children on 6c who:

• lived with you
• did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above

Add numbers on lines above ►

2

c Dependents: (2) Dependent's social security number (3) Dependent's relationship to you (4) ✓ if child under age 17 qualifying for child tax credit (see instructions)

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ✓ if child under age 17 qualifying for child tax credit (see instructions)
				<input type="checkbox"/>

d Total number of exemptions claimed

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2	7 90,222.
8a Taxable interest. Attach Schedule B if required	8a 4.
b Tax-exempt interest. Do not include on line 8a	8b
9a Ordinary dividends. Attach Schedule B if required	9a 8,952.
b Qualified dividends	9b 8,226.
10 Taxable refunds, credits, or offsets of state and local income taxes	10 420.
11 Alimony received	11
12 Business income or (loss). Attach Schedule C or C-EZ	12
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ► <input checked="" type="checkbox"/>	13 24,429.
14 Other gains or (losses). Attach Form 4797	14
15a IRA distributions 15a b Taxable amount	15b
16a Pensions and annuities 16a b Taxable amount	16b 116,435.
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17
18 Farm income or (loss). Attach Schedule F	18
19 Unemployment compensation	19
20a Social security benefits 20a b Taxable amount	20b
21 Other income. List type and amount	21
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ►	22 240,462.

Adjusted Gross Income

23 Educator expenses	23	
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25 Health savings account deduction. Attach Form 8889	25	
26 Moving expenses. Attach Form 3903	26	
27 Deductible part of self-employment tax. Attach Schedule SE	27	
28 Self-employed SEP, SIMPLE, and qualified plans	28	
29 Self-employed health insurance deduction	29	
30 Penalty on early withdrawal of savings	30	
31a Alimony paid b Recipient's SSN ►	31a	
32 IRA deduction	32	
33 Student loan interest deduction	33	
34 Tuition and fees. Attach Form 8917	34	
35 Domestic production activities deduction. Attach Form 8903	35	
36 Add lines 23 through 35	36	
37 Subtract line 36 from line 22. This is your adjusted gross income ►	37	240,462.

Tax and Credits	38 Amount from line 37 (adjusted gross income)	38	240,462.																						
	39a Check <input type="checkbox"/> You were born before January 2, 1953, <input type="checkbox"/> Blind. Total boxes if: <input type="checkbox"/> Spouse was born before January 2, 1953, <input type="checkbox"/> Blind. checked ► 39a <input type="checkbox"/>																								
Standard Deduction for— <ul style="list-style-type: none"> • People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, \$6,350 Married filing jointly or Qualifying widow(er), \$12,700 Head of household, \$9,350 	b If your spouse itemizes on a separate return or you were a dual-status alien, check here ► 39b <input type="checkbox"/>																								
	40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	30,930.																						
	41 Subtract line 40 from line 38	41	209,532.																						
	42 Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	8,100.																						
	43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	201,432.																						
	44 Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> _____	44	39,040.																						
	45 Alternative minimum tax (see instructions). Attach Form 6251	45	2,896.																						
	46 Excess advance premium tax credit repayment. Attach Form 8962	46																							
	47 Add lines 44, 45, and 46 ►	47	41,936.																						
	48 Foreign tax credit. Attach Form 1116 if required	48	329.																						
	49 Credit for child and dependent care expenses. Attach Form 2441	49																							
	50 Education credits from Form 8863, line 19	50																							
	51 Retirement savings contributions credit. Attach Form 8880	51																							
	52 Child tax credit. Attach Schedule 8812, if required	52																							
	53 Residential energy credits. Attach Form 5695	53																							
	54 Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> _____	54																							
	55 Add lines 48 through 54. These are your total credits	55	329.																						
	56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- ►	56	41,607.																						
Other Taxes	57 Self-employment tax. Attach Schedule SE	57																							
	58 Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58																							
	59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59																							
	60a Household employment taxes from Schedule H	60a																							
	b First-time homebuyer credit repayment. Attach Form 5405 if required	60b																							
	61 Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61																							
	62 Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s) _____	62																							
	63 Add lines 56 through 62. This is your total tax ►	63	41,607.																						
	Payments	64 Federal income tax withheld from Forms W-2 and 1099	64	30,046.																					
		65 2017 estimated tax payments and amount applied from 2016 return	65	3,500.																					
		66a Earned income credit (EIC)	66a																						
		b Nontaxable combat pay election 66b <input type="checkbox"/>																							
67 Additional child tax credit. Attach Schedule 8812		67																							
68 American opportunity credit from Form 8863, line 8		68																							
69 Net premium tax credit. Attach Form 8962		69																							
70 Amount paid with request for extension to file		70																							
71 Excess social security and tier 1 RRTA tax withheld		71																							
72 Credit for federal tax on fuels. Attach Form 4136		72																							
73 Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/> _____		73																							
74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments ►		74	33,546.																						
Refund	75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75																							
	76a Amount of line 75 you want refunded to you . If Form 8888 is attached, check here ► <input type="checkbox"/>	76a																							
	b Routing number <table border="1" style="display: inline-table;"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table> ► c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	X	X	X	X	X	X	X	X	X	X	X	X												
	X	X	X	X	X	X	X	X	X	X	X	X													
d Account number <table border="1" style="display: inline-table;"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X			
77 Amount of line 75 you want applied to your 2018 estimated tax ► 77 <input type="checkbox"/>																									
Amount You Owe	78 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions ►	78	8,207.																						
	79 Estimated tax penalty (see instructions)	79	146.																						
Third Party Designee	Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> Yes. Complete below. <input checked="" type="checkbox"/> No																								
Designee's name ►	Phone no. ►	Personal identification number (PIN) ►																							
Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.																								
Joint return? See instructions. Keep a copy for your records.	Your signature	Date	Your occupation Computer programmer	Daytime phone number (516) 488-7153																					
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation Dietitian	If the IRS sent you an Identity Protection PIN, enter it here (see Inst.)																					
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN																				
	Firm's name ►	Self-Prepared		Firm's EIN ►																					
	Firm's address ►			Phone no.																					

SCHEDULE A
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on Form 1040

William J & Indra Mattiace

Itemized Deductions

► Go to www.irs.gov/ScheduleA for instructions and the latest information.

► Attach to Form 1040.

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 28.

OMB No. 1545-0074

2017

Attachment
Sequence No. 07

		Your social security number	
		117-52-2618	
Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others.	1	
	1 Medical and dental expenses (see instructions)	2	240,462.
	2 Enter amount from Form 1040, line 38	3	18,035.
	3 Multiply line 2 by 7.5% (0.075).		
	4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-		4
Taxes You Paid	5 State and local (check only one box):	5	15,105.
	a <input checked="" type="checkbox"/> Income taxes, or }		
	b <input type="checkbox"/> General sales taxes }		
	6 Real estate taxes (see instructions)	6	15,650.
	7 Personal property taxes	7	
	8 Other taxes. List type and amount ►	8	
	9 Add lines 5 through 8	9	30,755.
Interest You Paid	10 Home mortgage interest and points reported to you on Form 1098	10	30.
	11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ►	11	
Note: Your mortgage interest deduction may be limited (see instructions).	12 Points not reported to you on Form 1098. See instructions for special rules	12	
	13 Mortgage insurance premiums (see instructions)	13	
	14 Investment interest. Attach Form 4952 if required. See instructions	14	
	15 Add lines 10 through 14	15	30.
Gifts to Charity	16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16	145.
If you made a gift and got a benefit for it, see instructions.	17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	17	
	18 Carryover from prior year	18	
	19 Add lines 16 through 18	19	145.
Casualty and Theft Losses	20 Casualty or theft loss(es) other than net qualified disaster losses. Attach Form 4684 and enter the amount from line 18 of that form. See instructions	20	
Job Expenses and Certain Miscellaneous Deductions	21 Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. See instructions. ► Employee business expenses	21	2,224.
	22 Tax preparation fees	22	60.
	23 Other expenses—investment, safe deposit box, etc. List type and amount ► Magazines, and books for investment	23	225.
	24 Add lines 21 through 23	24	2,509.
	25 Enter amount from Form 1040, line 38	25	240,462.
	26 Multiply line 25 by 2% (0.02)	26	4,809.
	27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27	
Other Miscellaneous Deductions	28 Other—from list in instructions. List type and amount ►	28	
Total Itemized Deductions	29 Is Form 1040, line 38, over \$156,900? <input type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. <input checked="" type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.	29	30,930.
	30 If you elect to itemize deductions even though they are less than your standard deduction, check here ►		

SCHEDULE B
(Form 1040A or 1040)

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

William J & Indra Mattiace

Part I

(See instructions
and the
instructions for
Form 1040A, or
Form 1040,
line 8a.)

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

Part II

Ordinary Dividends

(See instructions
and the
instructions for
Form 1040A, or
Form 1040,
line 9a.)

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

Part III

(See instructions.)

Interest and Ordinary Dividends

- Attach to Form 1040A or 1040.
- Go to www.irs.gov/ScheduleB for instructions and the latest information.

OMB No. 1545-0074

2017

Attachment
Sequence No. **08**

Note: If line 6 is over \$1,500, you must complete Part III.

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.		Yes	No
7a At any time during 2017, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions			X
If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements			
b If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ► _____			
8 During 2017, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions			X

Alternative Minimum Tax—Individuals**2017**Attachment
Sequence No. **32**

Name(s) shown on Form 1040 or Form 1040NR

William J & Indra Mattiace

Your social security number
117-52-2618**Part I Alternative Minimum Taxable Income** (See instructions for how to complete each line.)

1	209,532.
2	
3	30,755.
4	
5	
6	(0 .)
7	(420 .)
8	
9	
10	
11	()
12	
13	0 .
14	
15	
16	
17	0 .
18	
19	
20	
21	
22	
23	
24	
25	()
26	
27	
28	239,867.

Part II Alternative Minimum Tax (AMT)

29 Exemption. (If you were under age 24 at the end of 2017, see instructions.)

IF your filing status is ...

AND line 28 is not over ... THEN enter on line 29 ...

Single or head of household	\$120,700	\$54,300
Married filing jointly or qualifying widow(er)	160,900	84,500
Married filing separately	80,450	42,250

If line 28 is over the amount shown above for your filing status, see instructions.

30 Subtract line 29 from line 28. If more than zero, go to line 31. If zero or less, enter -0- here and on lines 31, 33, and 35, and go to line 34

31 • If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter.

- If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 64 here.

- All others: If line 30 is \$187,800 or less (\$93,900 or less if married filing separately), multiply line 30 by 26% (0.26). Otherwise, multiply line 30 by 28% (0.28) and subtract \$3,756 (\$1,878 if married filing separately) from the result.

32 Alternative minimum tax foreign tax credit (see instructions)

33 Tentative minimum tax. Subtract line 32 from line 31

34 Add Form 1040, line 44 (minus any tax from Form 4972), and Form 1040, line 46. Subtract from the result any foreign tax credit from Form 1040, line 48. If you used Schedule J to figure your tax on Form 1040, line 44, refigure that tax without using Schedule J before completing this line (see instructions)

35 AMT. Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45

29	64,758.
30	175,109.
31	41,936.
32	329.
33	41,607.
34	38,711.
35	2,896.

Part III Tax Computation Using Maximum Capital Gains Rates

Complete Part III only if you are required to do so by line 31 or by the Foreign Earned Income Tax Worksheet in the instructions.

36 Enter the amount from Form 6251, line 30. If you are filing Form 2555 or 2555-EZ, enter the amount from line 3 of the worksheet in the instructions for line 31	36	175,109.
37 Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 13 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as figured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	37	32,655.
38 Enter the amount from Schedule D (Form 1040), line 19 (as figured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	38	
39 If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 37. Otherwise, add lines 37 and 38, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as figured for the AMT, if necessary). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	39	32,655.
40 Enter the smaller of line 36 or line 39	40	32,655.
41 Subtract line 40 from line 36	41	142,454.
42 If line 41 is \$187,800 or less (\$93,900 or less if married filing separately), multiply line 41 by 26% (0.26). Otherwise, multiply line 41 by 28% (0.28) and subtract \$3,756 (\$1,878 if married filing separately) from the result . . . ►	42	37,038.
43 Enter: • \$75,900 if married filing jointly or qualifying widow(er), • \$37,950 if single or married filing separately, or • \$50,800 if head of household.	43	75,900.
44 Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 14 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 43; if zero or less, enter -0-. If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	44	168,777.
45 Subtract line 44 from line 43. If zero or less, enter -0-	45	0.
46 Enter the smaller of line 36 or line 37	46	32,655.
47 Enter the smaller of line 45 or line 46. This amount is taxed at 0%	47	0.
48 Subtract line 47 from line 46	48	32,655.
49 Enter: • \$418,400 if single • \$235,350 if married filing separately • \$470,700 if married filing jointly or qualifying widow(er) • \$444,550 if head of household	49	470,700.
50 Enter the amount from line 45	50	0.
51 Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 19 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 43; if zero or less, enter -0-. If you are filing Form 2555 or Form 2555-EZ, see instructions for the amount to enter	51	168,777.
52 Add line 50 and line 51	52	168,777.
53 Subtract line 52 from line 49. If zero or less, enter -0-	53	301,923.
54 Enter the smaller of line 48 or line 53	54	32,655.
55 Multiply line 54 by 15% (0.15)	55	4,898.
56 Add lines 47 and 54	56	32,655.
If lines 56 and 36 are the same, skip lines 57 through 61 and go to line 62. Otherwise, go to line 57.		
57 Subtract line 56 from line 46	57	0.
58 Multiply line 57 by 20% (0.20)	58	0.
If line 38 is zero or blank, skip lines 59 through 61 and go to line 62. Otherwise, go to line 59.		
59 Add lines 41, 56, and 57	59	
60 Subtract line 59 from line 36	60	
61 Multiply line 60 by 25% (0.25)	61	
62 Add lines 42, 55, 58, and 61	62	41,936.
63 If line 36 is \$187,800 or less (\$93,900 or less if married filing separately), multiply line 36 by 26% (0.26). Otherwise, multiply line 36 by 28% (0.28) and subtract \$3,756 (\$1,878 if married filing separately) from the result	63	45,528.
64 Enter the smaller of line 62 or line 63 here and on line 31. If you are filing Form 2555 or 2555-EZ, do not enter this amount on line 31. Instead, enter it on line 4 of the worksheet in the instructions for line 31	64	41,936.

Name(s) Shown on Return William J & Indra Mattiace	Social Security Number 117-52-2618
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Part I State and Local Income Tax Refunds from 2016 Tax Returns

1 (a) State or Local Code	(b) Refund Amount	(c) Estimated Tax Paid After 12/31/2016	(d) Extension Payments	(e) Total Payments and Withholding	(f) Refund Allocated to Column (c)	(g) Refund Allocated to Column (d)
NY	599.	4,000.		13,395.	179.	
Totals	599.	4,000.		13,395.	179.	

- 2 Total state and local refunds. Total line 1 column (b). 599.
 3 Refund allocated to tax paid after 12/31/2016. Total line 1 columns (f) and (g).
 (Include net tax paid after 12/31/2016 on Schedule A, line 5.) 179.
 4 Net refund. Line 2 less line 3. 420.

Part II Recovery Amount

The **recovery amount** is the state and local income tax deducted in 2016 refunded in 2017.

- 5 Total state and local income tax deduction from line 5 of your 2016 Schedule A. 14,535.
 6 **Recovery amount.** Lesser of line 4 or line 5. 420.

Part III Recovery Exclusion

The **recovery exclusion** is the part of the recovery amount which did **not** reduce tax in 2016.

- 7 **Recovery exclusion from standard deduction and/or sales tax deduction:**
 a Allowable itemized deductions, from 2016 Schedule A, line 29 34,403.
 b Allowable itemized deductions, refigured by excluding recovery amount:
 (1) Refigured state and local tax deduction:
 (a) Refigured state income tax deduction 14,115.
 (b) Sales tax deduction
 (c) Refigured deduction. Larger of (a) or (b) 14,115.
 (2) Refigured total itemized deductions before limitation 33,983.
 (3) Refigured reduction for limitation on itemized deductions 0.
 (4) Refigured allowable itemized deductions. Line 7b(2) less line 7b(3). 33,983.
 c 2016 standard deduction based on 2016 filing stat, exemptions, and deductns. 12,600.
 d Larger of lines 7b(4) or 7c. 33,983.
 e Subtract line 7d from line 7a 420.
 f Subtract line 7e from line 6 0.
 8 **Recovery exclusion from negative taxable income.** If 2016 taxable income was negative, enter here as a positive number, else enter zero. 0.
 9 **Recovery exclusion from alternative minimum tax.** If no alternative minimum tax (AMT) in 2016 enter zero. If did pay AMT in 2016, enter amt from line 24 0.
 10 **Recovery exclusion from unused tax credits.** If no unused credits in 2016, enter zero. If there were unused credits in 2016, enter amount from line 35. 0.
 11 **Total recovery exclusion.** Add lines 7f, 8, 9, and 10. 0.

Part IV Taxable Refund

The **recovery amount** less the **recovery exclusion** is a **taxable refund**.

- 12 **Taxable refund from 2016.** Line 6 less line 11. 420.
 13 Total taxable refunds from **2015** or prior tax returns. Total line 36 column (d).
 14 **Total taxable refunds.** Add lines 12 and 13. Enter here and on Form 1040, line 10 420.

Tax History Report

► Keep for your records

2017

Name(s) Shown on Return

William J & Indra Mattiace

	Five Year Tax History:				
	2013	2014	2015	2016	2017
Filing status	MFJ	MFJ	MFJ	MFJ	MFJ
Total income	177,838.	192,496.	225,656.	219,880.	240,462.
Adjustments to income					
Adjusted gross income	177,838.	192,496.	225,656.	219,880.	240,462.
Tax expense	23,539.	23,805.	24,994.	26,896.	30,755.
Interest expense . . .	2,812.	2,129.	1,408.	646.	30.
Contributions	2,285.	3,545.	1,805.	2,290.	145.
Miscellaneous deductions.	6,157.	4,947.	3,812.	4,571.	
Other Itemized Deductions					
Total itemized/ standard deduction . . .	34,793.	34,426.	32,019.	34,403.	30,930.
Exemption amount . . .	11,700.	7,900.	8,000.	8,100.	8,100.
Taxable income	131,345.	150,170.	185,637.	177,377.	201,432.
Tax.	20,831.	23,292.	31,529.	31,781.	39,040.
Alternative min tax . . .	51.		1,638.	2,040.	2,896.
Total credits	420.			301.	329.
Other taxes					
Payments	19,181.	20,364.	26,684.	28,921.	33,546.
Form 2210 penalty . . .	84.	106.	112.	183.	146.
Amount owed	1,365.	3,034.	6,595.	4,782.	8,207.
Applied to next year's estimated tax .					
Refund.					
Effective tax rate %	11.45	12.10	14.70	15.24	17.30
**Tax bracket %	25.0	28.0	28.0	28.0	28.0

**Tax bracket % is based on Taxable income.

Healthcare Entry Sheet

2017

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The forms associated with healthcare (8965, 8962, 1095-A, 1095-B, 1095-C, and this Healthcare Entry Sheet) all interact with information from the information worksheet. Be sure to enter all personal information including dependents listed on the return **before** using this sheet to track health insurance coverage.

Yes No/Partial

Everyone on the tax return was covered by health insurance all year.

If everyone on the return was covered and there was no Market Place coverage (Form 1095-A) then check the YES box above - no other action is required. The 1095-B or 1095-C can be used to verify coverage but you do not need to enter the information if everyone on the return was covered.

Health Insurance Coverage for Individuals: Use this form to report healthcare coverage for individuals for months:

- not reported on 1095-A, 1095-B or 1095-C
 - not covered by employer
 - months not covered by an exemption

Note: The 1095-A information **must** be entered on Form 1095-A in order to correctly calculate any Premium Tax Credit. The 1095-B or the 1095-C months can be entered directly in the table below.

If applicable enter information on form 1095-A, Health Insurance Marketplace Statement

Note: The IRS is not requiring the 1095-B or 1095-C be filed with the returns. To track the months covered you can either enter on the 1095-B and/or 1095-C or check the boxes below

If applicable enter information on form 1095-B, Health Coverage

If applicable enter information on form 1095-C, Employer-Provided Health Insurance Offer and Coverage

If applicable enter Market Place exemptions (ECNs) or Request exemptions on form 8965

Note: Do not enter the name, SSN, or date of birth directly on the table below. Instead, enter the information at the bottom of the Personal Information Worksheet or Dependent and Nondependent Information Worksheet.

Or if you check the box at the top "Yes" that "Everyone on the tax return was covered by health insurance all year." the covered all 12 months box will be marked for all the individuals below regardless of what is entered on the Personal Information or Dependent and Nondependent Information Worksheet.

		Short Gap Eligible* Yes No													
a. Name of covered individual(s)		Covered all 12 months		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
b. SSN	c. DOB	Short gap:	Yes												
1 William	Mattiace		X	X	X	X	X	X	No						
117-52-2618	04/04/57								X	X	X	X	X	X	
2 Indra	Mattiace	Short gap:	X	Yes					No						
071-62-9248	10/31/55		X	X	X	X	X	X	X	X	X	X	X	S	
3		Short gap:	Yes						No						
4		Short gap:	Yes						No						
5		Short gap:	Yes						No						
6		Short gap:	Yes						No						

* See help for explanation of short gap Yes/No box function. It affects the calculation of short gap coverage for January and February based on answer, which indicates whether coverage at end of prior year qualify months for short gap eligibility.

To review the detail of each person listed on the return (covered, not covered, exempt) and to see any penalty calculation go to the [Penalty Calculations](#) page.

Check this box once you are finished with all the healthcare related entries.

Form 1040 Qualified Dividends and Capital Gain Tax Worksheet

2017

Line 44

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Name(s) Shown on Return William J & Indra Mattiace	Social Security Number 117-52-2618
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- 1 Enter the amount from Form 1040, line 43 1 201,432.
- 2 Enter the amount from Form 1040, line 9b 2 8,226.
- 3 Are you filing Schedule D?
 Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or loss, enter -0- 3 24,429.
 No. Enter the amount from Form 1040, line 13.
- 4 Add lines 2 and 3 4 32,655.
- 5 If filing Form 4952 (used to figure investment interest expense deduction), enter any amount from line 4g of that form. Otherwise, enter -0- 5 0.
- 6 Subtract line 5 from line 4. If zero or less, enter -0- 6 32,655.
- 7 Subtract line 6 from line 1. If zero or less, enter -0- 7 168,777.
- 8 Enter:
\$37,950 if single or married filing separately,
\$75,900 if married filing jointly or qualifying widow(er),
\$50,800 if head of household. 8 75,900.
- 9 Enter the smaller of line 1 or line 8 9 75,900.
- 10 Enter the smaller of line 7 or line 9 10 75,900.
- 11 Subtract line 10 from line 9 (this amount taxed at 0%) 11 0.
- 12 Enter the smaller of line 1 or line 6 12 32,655.
- 13 Enter the amount from line 11 13 0.
- 14 Subtract line 13 from line 12. 14 32,655.
- 15 Enter:
\$418,400 if single,
\$235,350 if married filing separately,
\$470,700 if married filing jointly or qualifying widow(er),
\$444,550 if head of household. 15 470,700.
- 16 Enter the smaller of line 1 or line 15 16 201,432.
- 17 Add lines 7 and 11 17 168,777.
- 18 Subtract line 17 from line 16. If zero or less, enter -0- 18 32,655.
- 19 Enter the smaller of line 14 or line 18 19 32,655.
- 20 Multiply line 19 by 15% (.15) 20 4,898.
- 21 Add lines 11 and 19 21 32,655.
- 22 Subtract line 21 from line 12 22 0.
- 23 Multiply line 22 by 20% (.20) 23 0.
- 24 Figure the tax on the amount on line 7. If the amount on line 7 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 7 is \$100,000 or more, use the Tax Computation Worksheet. 24 34,142.
- 25 Add lines 20, 23, and 24 25 39,040.
- 26 Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet. 26 43,285.
- 27 **Tax on all taxable income.** Enter the **smaller** of line 25 or line 26 here and on Form 1040, line 44. 27 39,040.

Tax Payments Worksheet

2017

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Name(s) Shown on Return William J & Indra Mattiace	Social Security Number 117-52-2618
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Estimated Tax Payments for 2017 (If more than 4 payments for any state or locality, see Tax Help)

Federal		State			Local		
Date	Amount	Date	Amount	ID	Date	Amount	ID
1 04/18/17		04/18/17			04/18/17		
2 06/15/17		06/15/17			06/15/17		
3 09/15/17		09/15/17			09/15/17		
4 01/16/18	3,500.	01/16/18	1,500.	NY	01/16/18		
5							
6							
7							
8 Tot Estimated Payments	3,500.		1,500.				

Tax Payments Other Than Withholding (If multiple states, see Tax Help)	Federal	State	ID	Local	ID
6 Overpayments applied to 2017					
7 Credited by estates and trusts					
8 Totals Lines 1 through 7	3,500.	1,500.			
9 2017 extensions					

Taxes Withheld From:	Federal		State		Local	
10 Forms W-2		12,189.		4,984.		
11 Forms W-2G						
12 Forms 1099-R		17,857.		6,300.		
13 Forms 1099-MISC, 1099-K and 1099-G						
14 Schedules K-1						
15 Forms 1099-INT, DIV and OID						
16 Social Security and Railroad Benefits						
17 Form 1099-B	St	Loc				
18 a Other withholding	St	Loc				
b Other withholding	St	Loc				
c Other withholding	St	Loc				
d Positive Adjustment	St	Loc				
e Negative Adjustment	St	Loc				
f Additional Medicare Tax						
19 Total Withholding Lines 10 through 18f		30,046.		11,284.		
20 Total Tax Payments for 2017		33,546.		12,784.		

Prior Year Taxes Paid In 2017 (If multiple states or localities, see Tax Help)	State	ID	Local	ID
21 Tax paid with 2016 extensions				
22 2016 estimated tax paid after 12/31/2016	4,000.	NY		
23 Balance due paid with 2016 return				
24 Other (amended returns, installment payments, etc)				

**Schedule A
Line 5****State and Local Tax Deduction Worksheet****2017**

► Keep for your records

Name(s) Shown on Return
William J & Indra Mattiace

Social Security Number
117-52-2618

State and Local Income Taxes

State income taxes:	
1	State income tax withheld.
2	2017 state estimated taxes paid in 2017
3	2016 state estimated taxes paid in 2017
4	Amount paid with 2016 state application for extension
5	Amount paid with 2016 state income tax return
6	Overpayment on 2016 state income tax return applied to 2017 tax
7	Other amounts paid in 2017 (amended returns, installment payments, etc.)
8	State estimated tax from Schedule(s) K-1 (Form 1041)
Local income taxes:	
9	Local income tax withheld
10	2017 local estimated taxes paid in 2017.
11	2016 local estimated taxes paid in 2017.
12	Amount paid with 2016 local application for extension
13	Amount paid with 2016 local income tax return
14	Overpayment on 2016 local income tax return applied to 2017 tax
15	Other amounts paid in 2017 (amended returns, installment payments, etc.)
16	Local estimated tax from Schedule(s) K-1 (Form 1041)
Other:	
17	
18	Total Add lines 1 through 17
19	State and local refund allocated to 2017.
20	Nondeductible state income tax from line 28
21	Total reductions Add lines 19 and 20.
22	Total state and local income tax deduction Line 18 less line 21

Nondeductible State Income Tax (Hawaii Only)

23	Nontaxable federal employee cost of living allowance
24	Adjusted gross income
25	Add lines 23 and 24
26	Nondeductible percent. Line 23 divided by line 25
27	Hawaii state income tax included in line 18
28	Nondeductible Hawaii state income tax. Multiply line 26 by line 27.

Charitable Contributions Summary

2017

► Keep for your records

Name(s) Shown on Return William J & Indra Mattiace	Social Security Number 117-52-2618
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Part I Cash Contributions Summary

Name of Charitable Organization	(a) Total	(b) 50% Limit	(c) 30% Limit	(d) 100% Limit	
Ronald McDonald House	100.	100.			
Ronald McDonald House	45.	45.			
Totals:	145.	145.			

Part II Non-Cash Contributions Summary

Name of Charitable Organization	Total	Other Property		Capital Gain Property	
	(a) Total	(b) 50% Limit	(c) 30% Limit	(d) 30% Limit	(e) 20% Limit
Totals:					

Part III Contribution Carryovers to 2018

	Total	Cash and Other Non-Capital Gain Property			Capital Gain Property	
	(a) Total	(b) 100% Limit	(c) 50% Limit	(d) 30% Limit	(e) 30% Limit	(f) 20% Limit
1 2017 contributions . . .	145.		145.			
2 2017 contributions allowed	145.	0.	145.	0.	0.	0.
3 Carryovers from:						
a 2016 tax year						
b 2015 tax year						
c 2014 tax year						
d 2013 tax year						
e 2012 tax year						
4 Carryovers allowed in 2017	0.		0.	0.	0.	0.
5 Carryovers disallowed in 2017	0.		0.	0.	0.	0.
6 Carryovers to 2018:						
a From 2017	0.		0.	0.	0.	0.
b From 2016						
c From 2015						
d From 2014						
e From 2013						
f From 2012						

Part IV Special Situations in Your Return for Current Year Donations

- 1 Was the **entire interest** given for all property donated to all charities? Yes No
- 2 Were **restrictions** attached to any charities's right to use or dispose of any property donated to any charity? ► Yes No
- 3 Did you give to anyone other than the charity the right to income from any of the donated property or to possession of any of the donated property? ► Yes No
- 4 Was any charity other than a 50% charity? Yes No

**Schedule D Tax Worksheet
as refigured for the
Alternative Minimum Tax**

2017

► Keep for your records

Name(s) Shown on Return <u>William J & Indra Mattiace</u>	Social Security Number <u>117-52-2618</u>		
	(a) Before Allocation of Capital Gain Excess *	(b) Allocation of Capital Gain Excess *	(c) After Allocation of Capital Gain Excess
1 Not applicable			
2 Enter your total qualified dividends as refigured for the Alternative Minimum Tax (AMT):			
a Total qualified dividends. <u>8,226.</u>			
b Adjustment from Schedules K-1			
c Other adjustments to qualified dividends			
d Total. Combine lines 2a, 2b, and 2c <u>8,226.</u>	<u>8,226.</u>	<u>0.</u>	<u>8,226.</u>
3 Enter the amount from Form 4952 for AMT, line 4g.			
4 Enter the amount from Form 4952 for AMT, line 4e.			
5 Subtract line 4 from line 3. If zero or less, enter -0- <u>0.</u>	<u>0.</u>		<u>0.</u>
6 Subtract line 5 from line 2. If zero or less, enter -0- <u>8,226.</u>	<u>8,226.</u>		<u>8,226.</u>
7 Net long-term capital gain:			
a Enter the gain from line 15 of Schedule D as refigured for the AMT <u>24,429.</u>			
b Enter the gain from line 16 of Schedule D as refigured for the AMT <u>24,429.</u>	<u>24,429.</u>		<u>24,429.</u>
c Enter the smaller of line 7a or line 7b			
8 Enter the smaller of line 3 or line 4			
9 Subtract line 8 from line 7c. If zero or less, enter -0-		<u>0.</u>	<u>24,429.</u>
10 Add lines 6 and 9			<u>32,655.</u>
A Enter the amount from Form 6251, line 30.	<u>175,109.</u>		
B Capital gain excess. Subtract line A from line 10.* <u>0.</u>	<u>0.</u>		
11 Total 28% rate and unrecaptured section 1250 gain:			
a Enter the gain from line 18 of Schedule D as refigured for the AMT <u>0.</u>			
b Enter the gain from line 19 of Schedule D as refigured for the AMT			
c Add lines 11a and 11b.			<u>0.</u>
12 Enter the smaller of line 9 or line 11c			<u>0.</u>
13 Subtract line 12 from line 10. Also enter this amount on Form 6251, line 37.			<u>32,655.</u>

* Capital gain excess applies only if filing Form 2555, Foreign Earned Income.

► Keep for your records

Name(s) Shown on Return William J & Indra Mattiace	Social Security Number 117-52-2618
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Taxable Income – Line 1

1 If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41. Otherwise, enter the amount from Form 1040, line 38. (If less than zero, enter as a negative amount.)	1	209,532.
2 Additions to income	2	
3 Add lines 1 and 2	3	209,532.
4 Subtractions from income	4	
5 Subtract line 4 from line 3. Enter on Form 6251, line 1	5	209,532.

Taxes – Line 3

1 Generation skipping transfer taxes included on Schedule A, line 8	1	
---	---	--

Home Mortgage Interest Adjustment – Line 4

	(a) Deductible for AMT Purposes	(b) NOT Deductible for AMT Purposes	(c) Total Home Mortgage Interest
1 Attributable to mortgage used to purchase, build, or improve: a Main home or second home that is house, apartment, condominium or non-transient mobile home	30.		
b Second home that is transient mobile home or boat			
c Total			30.
2 Attributable to mortgage used to refinance: a To pay off mortgage			
b For other purposes			
c Total			
3 Attributable to other mortgage deductible for AMT: a Pre-July 1, 1982 mortgage			
4 Total column (a)	30.		
5 Total column (b). Enter result on Form 6251, line 4.			
6 Total mortgage interest from Schedule A			30.

Refund of Taxes – Line 7

1 Taxable refund of state and local income tax	1	420.
2 Amount and description of any refund of state and local personal property taxes, foreign income or real property taxes deducted after 1986	2	
3 Total tax refund adjustment. Enter on Form 6251, line 7	3	420.

Alternative Tax Net Operating Loss Deduction (ATNOLD) – Line 11

1 Alternative minimum taxable income (AMTI) without ATNOLD	1	239,867.
2 Enter adjustments	2	
3 Adjustment for domestic production activities deduction	3	
4 Adjusted AMTI without ATNOLD. Add lines 1-3	4	239,867.
5 ATNOLD limitation. Multiply line 4 by 90%.	5	215,880.
6 Enter ATNOL carried to 2016 from other year(s)	6	
7 Enter ATNOL included above attributable to qualified disaster losses	7	
8 ATNOL above not attributable to qualified disaster losses. Line 6 minus 7	8	
9 ATNOL deduction other than qualified disaster losses. Lesser of line 5 or 8	9	
10 ATNOLD Disaster Deduction. Lesser of line 7 or (line 4 minus line 9)	10	
11 ATNOLD. Add lines 9 and 10. Enter on Form 6251, line 11, as neg.	11	

Incentive Stock Options – Line 14

1 Incentive stock options adjustment from Schedule K-1 worksheets	1	
2 Incentive stock options from Employer Stock Transaction Worksheets	2	
3 Incentive stock options from Exercise of Stock Options Worksheets	3	
4 Other incentive stock options	4	
5 Total incentive stock options. Enter on Form 6251, line 14	5	

Disposition of Property – Line 17

	Alternative Minimum Tax	Regular Tax	Difference
1 Net capital gain or loss (Schedule D)	24,429.	24,429.	0.
2 Ordinary gain or loss (Form 4797, Part II)			
3 Ordinary income from sale of Incentive Stock			
4 Total. Enter on Form 6251, line 17			0.

Post-86 Depreciation – Line 18

1 From depreciation worksheets	1	
2 Plus amount from Schedule K-1 worksheets	2	
3 Add lines 1 and 2.	3	
4 Any amount relating to an activity for which the partnership interest basis limits apply, for which you are not at risk, or which is a tax shelter farm activity.	4	
5 Total. Subtract line 4 from line 3. Enter on Form 6251, line 18	5	

Passive Activities – Line 19

1 Adjustment for recomputed income (loss) from passive activities	1	
2 Adjustment for recomputed income (loss) from publicly traded partnerships	2	
3 Other adjustments to passive activities	3	
4 Total. Add lines 1, 2, and 3. Enter on Form 6251, line 19	4	

Circulation Costs – Line 21

1 Circulation costs adjustment from Schedule K-1 Worksheets	1	
2 Other circulation costs adjustment	2	
3 Total. Add lines 1 and 2. Enter on Form 6251, line 21	3	

Mining Costs – Line 23

1 Mining costs adjustment from Schedule K-1 Worksheets	1	
2 Other mining costs adjustment	2	
3 Total. Add lines 1 and 2. Enter on Form 6251, line 23	3	

Research and Experimental Costs – Line 24

1 Research and Experimental costs adjustment from Schedule K-1 Worksheets	1	
2 Other research and experimental costs adjustment.	2	
3 Total. Add lines 1 and 2. Enter on Form 6251, line 24	3	

Intangible Drilling Costs – Line 26

1 Excess intangible drilling costs	1	
2 Net income from oil and gas wells	2	
3 Multiply line 2 by 65% (.65)	3	
4 Tentative intangible drilling costs preference. Subtract line 3 from line 1.	4	
5 Independent producers exception amount.	5	
6 Subtract line 5 from line 4. Enter this amount on Form 6251, line 26	6	

Other Adjustments – Line 27

1 Pre-1987 depreciation from depreciation worksheets.	1	
2 Plus amount from Schedule K-1 worksheets	2	
3 Add lines 1 and 2	3	
4 Any amount relating to an activity for which the partnership interest basis limits apply, for which you are not at risk, or which is a tax shelter farm activity.	4	
5 Subtract line 4 from line 3	5	
6 Enter other adjustments, including income-based related adjustments	6	
7 Add lines 5 and 6	7	
8 Standard deduction if a qualified disaster loss was added to standard deduction.	8	
9 Total other adjustments. Add lines 7 and 8 and enter on Form 6251, line 27.	9	

Alternative Minimum Taxable Income – Line 28

If married filing separately and Form 6251, line 28, is more than \$249,450:	
1 Alternative minimum taxable income, Form 6251	1 _____
2 Threshold amount	2 _____
3 Subtract line 2 from line 1	3 _____
4 Multiply line 3 by 25% (.25)	4 _____
5 Smaller of line 4 or \$41,900	5 _____
6 Add line 1 and line 5. Enter on Form 6251, line 28.	6 _____

Exemption – Line 29

1 Enter \$54,300 if single or head of household, \$84,500 if married filing jointly or qualifying widow(er), \$42,250 if married filing separately	1	84,500.
2 Enter your alternative minimum taxable income from Form 6251, line 28.	2	239,867.
3 Enter \$120,700 if single or head of household, \$160,900 if married filing jointly or qualifying widow(er), \$80,450 if married filing separately	3	160,900.
4 Subtract line 3 from line 2. If zero or less, enter -0-	4	78,967.
5 Multiply line 4 by 25% (.25)	5	19,742.
6 Subtract line 5 from line 1. If zero or less, enter -0- If any of the three conditions under Certain Children Under Age 24 apply, go to line 7. Otherwise, enter this amount on Form 6251, line 29.	6	64,758.
7 Minimum exemption amount for certain children under age 24	7	
8 a Enter the child's earned income , if any	8 a	
b Enter any adjustments.	b	
9 Add lines 7, 8a and 8b. If zero or less, enter -0-.	9	
10 Enter the smaller of line 6 or line 9 here and on Form 6251, line 29.	10	

Federal Carryover Worksheet

2017

► Keep for your records

Name(s) Shown on Return William J & Indra Mattiace	Social Security Number 117-52-2618
---	---------------------------------------

2016 State and Local Income Tax Information

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
NY		4,000.	13,395.		599.	
Totals . .		4,000.	13,395.		599.	

2016 State Extension Information

(a) State	(b) Paid With Extension

2016 Locality Extension Information

(a) Locality	(b) Paid With Extension

2016 State Estimates Information

(a) State	(c) Estimates Paid After 12/31
NY	4,000.

2016 Locality Estimates Information

(a) Locality	(c) Estimates Paid After 12/31

2016 State Taxes Due Information

(a) State	(e) Paid With Return

2016 Locality Taxes Due Information

(a) Locality	(e) Paid With Return

2016 State Refund Applied Information

(a) State	(g) Applied Amount

2016 Locality Refund Applied Information

(a) Locality	(g) Applied Amount

2016 State Tax Refund Information

(a) State	(d) Total Withheld/Pmts	(f) Total Overpayment
NY	13,395.	599.

2016 Locality Tax Refund Information

(a) Locality	(d) Total Withheld/Pmts	(f) Total Overpayment

William J & Indra Mattiace

117-52-2618

Other Tax and Income Information		2016	2017
1 Filing status	1	2 MFJ	2 MFJ
2 Number of exemptions for blind or over 65 (0 - 4)	2		
3 Itemized deductions	3	34,403.	30,930.
4 Check box if required to itemize deductions	4	<input type="checkbox"/>	<input type="checkbox"/>
5 Adjusted gross income	5	219,880.	240,462.
6 Tax liability for Form 2210 or Form 2210-F	6	33,520.	41,607.
7 Alternative minimum tax	7	2,040.	2,896.
8 Federal overpayment applied to next year estimated tax	8		

[QuickZoom to the IRA Information Worksheet for IRA information ►](#)

Excess Contributions		2016	2017	
9 a Taxpayer's excess Archer MSA contributions as of 12/31	9 a			
b Spouse's excess Archer MSA contributions as of 12/31	b			
10 a Taxpayer's excess Coverdell ESA contributions as of 12/31	10 a			
b Spouse's excess Coverdell ESA contributions as of 12/31	b			
11 a Taxpayer's excess HSA contributions as of 12/31	11 a			
b Spouse's excess HSA contributions as of 12/31	b			
Loss and Expense Carryovers		2016	2017	
Note: Enter all entries as a positive amount				
12 a Short-term capital loss.	12 a			
b AMT Short-term capital loss	b			
13 a Long-term capital loss	13 a			
b AMT Long-term capital loss	b			
14 a Net operating loss available to carry forward	14 a			
b AMT Net operating loss available to carry forward	b			
15 a Investment interest expense disallowed	15 a			
b AMT Investment interest expense disallowed	b			
16 Nonrecaptured net Section 1231 losses from:	a b c d e f	2017 . . . 2016 . . . 2015 . . . 2014 . . . 2013 . . . 2012 . . .	16 a b c d e f	
17 AMT Nonrecap'd net Sec 1231 losses from:	a b c d e f	2017 . . . 2016 . . . 2015 . . . 2014 . . . 2013 . . . 2012 . . .	17 a b c d e f	

William J & Indra Mattiace

117-52-2618

Credit Carryovers				2016	2017
18 General business credit		18			
19 Adoption credit from:	a 2017	19a			
	b 2016	b			
	c 2015	c			
	d 2014	d			
	e 2013	e			
	f 2012	f			
20 Mortgage interest credit from:	a 2017	20a			
	b 2016	b			
	c 2015	c			
	d 2014	d			
21 Credit for prior year minimum tax		21			
22 District of Columbia first-time homebuyer credit		22			
23 Residential energy efficient property credit		23			
Other Carryovers				2016	2017
24 Section 179 expense deduction disallowed		24			
25 Excess foreign housing deduction:	a Taxpayer (Form 2555, line 46)	25a			
	b Taxpayer (Form 2555, line 48)	b			
	c Spouse (Form 2555, line 46)	c			
	d Spouse (Form 2555, line 48)	d			
Charitable Contribution Carryovers					
26 2016 Carryover of charitable contributions from:	Other Property			Capital Gain	
	(a) 50%	(b) 30%		(c) 30%	(d) 20%
27 2017 Carryover of charitable contributions from:	Other Property			Capital Gain	
	(a) 50%	(b) 30%		(c) 30%	(d) 20%
28 Amount overpaid less earned income credit				0.	

2016 State Capital Loss Carryovers (For users **not** transferring from the prior year)

State ID	Short-term Capital Loss for State	AMT Short-term Capital Loss for State	Long-term Capital Loss for State	AMT Long-term Capital Loss for State	Capital Loss (combined) for State	AMT Capital Loss (combined) for State

IRA Information Worksheet

2017

► Keep for your records

Name(s) Shown on Return William J & Indra Mattiace	Social Security Number 117-52-2618
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Part I Traditional IRA		Taxpayer	Spouse
1 Basis and Value Total basis in traditional IRAs 2 Year-end value on 12/31/2017 3 Basis carryover as of 12/31/2017			
4 Excess Contributions Excess contributions as of 12/31/2016 5 Carryover of excess contributions to 2018			
Part II Roth IRA		Taxpayer	Spouse
6 Basis (Contribution and Conversion History) Basis in Roth IRA contributions 7 Basis in Roth IRA conversions 8 Contribution basis carryover as of 12/31/2017 9 Conversion basis carryover as of 12/31/2017			
10 Excess Contributions Excess contributions as of 12/31/2016 11 Carryover of excess contributions to 2018			
Part III Traditional IRA Basis Detail		Taxpayer	Spouse
12 Basis for 2016 and earlier years 13 Adjustment due to return of excess contributions 14 Rollover of nontaxable portion of a qualified retirement plan 15 Basis received from former spouse due to divorce or inherited. 16 Basis transferred to former spouse due to divorce 17 Adjusted total basis in Traditional IRAs.			
Part IV Traditional IRA Year-end Value Detail		Taxpayer	Spouse
18 Enter the combined value of all traditional IRAs (including SIMPLE IRAs) on 12/31/2017 (See Help) 19 If any amounts were recharacterized either to or from any traditional IRA, enter the net amounts recharacterized after 12/31/2017. qualified charitable distributions (QCD) made in Jan. 2018 to be treated as made in December 2017 (See Help). 20 Enter the total amount of any traditional IRA distributions that you rolled over, or intend to roll over, to another traditional IRA, but the rollover was (or will be) made after 12/31/2017 21 Check this box if you converted all of the traditional IRAs you had in 2017 to Roth IRAs in 2017.			
<input type="checkbox"/>	<input type="checkbox"/>		

IRA Information Worksheet

► Keep for your records

2017

Page 2

Name(s) Shown on Return William J & Indra Mattiace		Social Security Number 117-52-2618	
Part V Roth IRA Contribution and Conversion Balances		Taxpayer	Spouse
22 Opened a Roth IRA before 2013		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2016 Balances (Basis - Before 2017 Transactions)			
23	Cumulative regular Roth IRA contributions, including rollovers from Roth 401(k) and Roth 403(b)		
24	Cumulative pre 2013 conversions - taxable and nontaxable		6,702.
25	2013 conversion contributions taxable at conversion		
26	2013 conversion contributions not taxable at conversion		
27	2014 conversion contributions taxable at conversion		
28	2014 conversion contributions not taxable at conversion		
29	2015 conversion contributions taxable at conversion		
30	2015 conversion contributions not taxable at conversion		
31	2016 conversion contributions taxable at conversion		
32	2016 conversion contributions not taxable at conversion		
2017 Transactions - Contributions		Taxpayer	Spouse
33	Regular Roth IRA contributions		
34	Rollover from Roth 401(k) and Roth 403(b)		
35	Conversion contributions taxable at conversion		
36	Conversion contributions not taxable at conversion		
37	Repayments of qualified Roth reservist distributions		
2017 Transactions - Distributions			
38	Distributions from regular Roth IRA contributions and from rollovers from Roth 401(k) and Roth 403(b)		
39	Distributions from cumulative pre 2013 conversions		
40	Distributions from 2013 conversions taxable at conversion		
41	Distrib. from 2013 conversions not taxable at conversion		
42	Distributions from 2014 conversions taxable at conversion		
43	Distrib. from 2014 conversions not taxable at conversion		
44	Distributions from 2015 conversions taxable at conversion		
45	Distrib. from 2015 conversions not taxable at conversion		
46	Distributions from 2016 conversions taxable at conversion		
47	Distrib. from 2016 conversions not taxable at conversion		
48	Distributions from 2017 conversions taxable at conversion		
49	Distrib. from 2017 conversions not taxable at conversion		
50	Did you have any open Roth IRA accounts on 12/31/2017?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Balance c/over to 2018 (Basis - After 2017 Transactions)			
51	Cumulative regular Roth IRA contributions, including rollovers from Roth 401(k) and Roth 403(b)		
52	Cumulative pre 2014 conversions - taxable and nontaxable		6,702.
53	2014 conversion contributions taxable at conversion		
54	2014 conversion contributions not taxable at conversion		
55	2015 conversion contributions taxable at conversion		
56	2015 conversion contributions not taxable at conversion		
57	2016 conversion contributions taxable at conversion		
58	2016 conversion contributions not taxable at conversion		
59	2017 conversion contributions taxable at conversion		
60	2017 conversion contributions not taxable at conversion		

IRA Information Worksheet

► Keep for your records

2017

Page 3

Name(s) Shown on Return William J & Indra Mattiace	Social Security Number 117-52-2618
---	---------------------------------------

Part VI Roth IRA Basis Adjustments		Taxpayer	Spouse
	Received From Former Spouse due to Divorce or Inheritance		
61	Cumulative regular Roth IRA contributions, including rollovers from Roth 401(k) and Roth 403(b)		
62	Cumulative pre 2013 conversions - taxable and nontaxable		
63	2013 conversion contributions taxable at conversion		
64	2013 conversion contributions not taxable at conversion		
65	2014 conversion contributions taxable at conversion		
66	2014 conversion contributions not taxable at conversion		
67	2015 conversion contributions taxable at conversion		
68	2015 conversion contributions not taxable at conversion		
69	2016 conversion contributions taxable at conversion		
70	2016 conversion contributions not taxable at conversion		
71	2017 conversion contributions taxable at conversion		
72	2017 conversion contributions not taxable at conversion		
	Transferred To Former Spouse due to Divorce		
73	Cumulative regular Roth IRA contributions, including rollovers from Roth 401(k) and Roth 403(b)		
74	Cumulative pre 2013 conversions - taxable and nontaxable		
75	2013 conversion contributions taxable at conversion		
76	2013 conversion contributions not taxable at conversion		
77	2014 conversion contributions taxable at conversion		
78	2014 conversion contributions not taxable at conversion		
79	2015 conversion contributions taxable at conversion		
80	2015 conversion contributions not taxable at conversion		
81	2016 conversion contributions taxable at conversion		
82	2016 conversion contributions not taxable at conversion		
83	2017 conversion contributions taxable at conversion		
84	2017 conversion contributions not taxable at conversion		

Electronic Filing Instructions for your 2017 New York Tax Return

Important: Your taxes are not finished until all required steps are completed.



WILLIAM J and INDRA MATTIACE
186 LOCUST STREET PVT
Floral Park, NY 11001

Balance Due/ Refund	Your New York state tax return (Form IT-201) shows a refund due to you in the amount of \$3,629.00. Your tax refund will be direct deposited into your account. The account information you entered - Account Number: 55010943 Routing Transit Number: 021000089.
Where's My Refund?	Before you call the New York State Department of Taxation and Finance with questions about your refund, give them 30 business days processing time from the date your return is accepted. If then you have not received your refund, or the amount is not what you expected, contact the New York State Department of Taxation and Finance directly at 1-518-457-5149. You can also visit the New York State Department of Taxation and Finance web site at https://www.tax.ny.gov/ .
No Signature Document Needed	No signature form is required since you signed your return electronically.
What You Need to Keep	Your Electronic Filing Instructions (this form) Printed copy of your state and federal returns
Other Forms to Mail	Your Form NYC-1127 (Joint or Employee's Copy) tax return, shows a balance due of \$2,611.00. If paying by check or money order do NOT include the payment with the return. Mail your check or money order with payment voucher form NYC-200V-1127 for this amount payable to the "NYC Department of Finance". Write the last four digits of your social security number and "2017 Income Tax" on the check. Mail your Form NYC-1127 (Joint or Employee's Copy) to the following address by May 15, 2018: NYC Department of Finance Section 1127 PO Box 5564 Binghamton, NY 13902-5564 Mail your payment and Form NYC-200V-1127 ONLY to the following address by May 15, 2018: NYC Department of Finance PO Box 3933 New York, NY 10008-3933

Electronic Filing Instructions for your 2017 New York Tax Return

Important: Your taxes are not finished until all required steps are completed.



WILLIAM J and INDRA MATTIACE
186 LOCUST STREET PVT
Floral Park, NY 11001

2017	Taxable Income	\$ 152,152.00
New York	Total Tax	\$ 9,155.00
Tax	Total Payments/Credits	\$ 12,784.00
Return	Amount to be Refunded	\$ 3,629.00
Summary		



Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

For the full year January 1, 2017, through December 31, 2017, or fiscal year beginning ...

17

and ending ...

For help completing your return, see the instructions, Form IT-201-I.

Your first name	MI	Your last name (for a joint return, enter spouse's name on line below)		Your date of birth (mmddyyyy)	Your social security number
WILLIAM	J	MATTIACE		04041957	117522618
Spouse's first name	MI	Spouse's last name		Spouse's date of birth (mmddyyyy)	Spouse's social security number
INDRA		MATTIACE		10311955	071629248
Mailing address (see instructions, page 13) (number and street or PO box)				Apartment number	New York State county of residence
186 LOCUST STREET				PVT	NASSAU
City, village, or post office		State	ZIP code	Country (if not United States)	
FLORAL PARK		NY	11001	FLORAL PARK-BELLEROSE	
Taxpayer's permanent home address (see instructions, page 13) (number and street or rural route)				Apartment number	School district code number 195
City, village, or post office		State	ZIP code	Taxpayer's date of death (mmddyyyy)	Spouse's date of death (mmddyyyy)
		NY		Decedent information	

A Filing status

- (mark an X in one box):
- ① Single
 - ② Married filing joint return
(enter spouse's social security number above)
 - ③ Married filing separate return
(enter spouse's social security number above)
 - ④ Head of household (with qualifying person)
 - ⑤ Qualifying widow(er) with dependent child

B Did you itemize your deductions on your 2017 federal income tax return? Yes No

C Can you be claimed as a dependent on another taxpayer's federal return? Yes No

**H Dependent exemption information** (see page 15)

First name	MI	Last name	Relationship	Social security number	Date of birth (mmddyyyy)

If more than 7 dependents, mark an X in the box.

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Your social security number
117522618

Federal income and adjustments (see page 15)

- 1 Wages, salaries, tips, etc.
- 2 Taxable interest income
- 3 Ordinary dividends
- 4 Taxable refunds, credits, or offsets of state and local income taxes (*also enter on line 25*)
- 5 Alimony received
- 6 Business income or loss (*submit a copy of federal Schedule C or C-EZ, Form 1040*)
- 7 Capital gain or loss (*if required, submit a copy of federal Schedule D, Form 1040*)
- 8 Other gains or losses (*submit a copy of federal Form 4797*)
- 9 Taxable amount of IRA distributions. If received as a beneficiary, mark an **X** in the box
- 10 Taxable amount of pensions and annuities. If received as a beneficiary, mark an **X** in the box
- 11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (*submit copy of federal Schedule E, Form 1040*)

- 12 Rental real estate included in line 11 **12** .00
- 13 Farm income or loss (*submit a copy of federal Schedule F, Form 1040*)
- 14 Unemployment compensation
- 15 Taxable amount of social security benefits (*also enter on line 27*)
- 16 Other income (see page 15) *Identify:*

- 17 Add lines 1 through 11 and 13 through 16
- 18 Total federal adjustments to income (see page 15) *Identify:*

- 19 **Federal adjusted gross income** (*subtract line 18 from line 17*)

Whole dollars only

1	90222.00
2	4.00
3	8952.00
4	420.00
5	.00
6	.00
7	24429.00
8	.00
9	.00
10	116435.00
11	.00
12	.00
13	.00
14	.00
15	.00
16	.00
17	240462.00
18	.00
19	240462.00

New York additions (see page 16)

- 20 Interest income on state and local bonds and obligations (but not those of NYS or its local governments)
- 21 Public employee 414(h) retirement contributions from your wage and tax statements (see page 16)
- 22 **New York's** 529 college savings program distributions (see page 16)
- 23 Other (Form IT-225, line 9)
- 24 Add lines 19 through 23

20	.00
21	.00
22	.00
23	.00
24	240462.00

New York subtractions (see page 17)

- 25 Taxable refunds, credits, or offsets of state and local income taxes (*from line 4*)
- 26 Pensions of NYS and local governments and the federal government (see page 17)
- 27 Taxable amount of social security benefits (*from line 15*)
- 28 Interest income on U.S. government bonds
- 29 Pension and annuity income exclusion (see page 18)
- 30 **New York's** 529 college savings program deduction/earnings
- 31 Other (Form IT-225, line 18).....
- 32 Add lines 25 through 31
- 33 **New York adjusted gross income** (*subtract line 32 from line 24*)

25	420.00
26	51840.00
27	.00
28	.00
29	20000.00
30	.00
31	.00



32	72260.00
33	168202.00

Standard deduction or itemized deduction (see page 20)

- 34 Enter your **standard deduction** (*table on page 20*) or your **itemized deduction** (*from Form IT-201-D*)
Mark an **X** in the appropriate box: **Standard** - or - **Itemized**
- 35 Subtract line 34 from line 33 (*if line 34 is more than line 33, leave blank*)
- 36 Dependent exemptions (*enter the number of dependents listed in item H; see page 20*)
- 37 **Taxable income** (*subtract line 36 from line 35*)

34	16050.00
35	152152.00
36	000.00
37	152152.00



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Name(s) as shown on page 1	Your social security number
WILLIAM J AND INDRA MATTIACE	117522618

Tax computation, credits, and other taxes

38 Taxable income (from line 37 on page 2)	38	152152 .00
39 NYS tax on line 38 amount (see page 21)	39	9814 .00
40 NYS household credit (page 21, table 1, 2, or 3)	40	.00
41 Resident credit (see page 22)	41	.00
42 Other NYS nonrefundable credits (Form IT-201-ATT, line 7) ...	42	659 .00
43 Add lines 40, 41, and 42	43	659 .00
44 Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank)	44	9155 .00
45 Net other NYS taxes (Form IT-201-ATT, line 30)	45	.00
46 Total New York State taxes (add lines 44 and 45)	46	9155 .00

New York City and Yonkers taxes, credits, and surcharges, and MCTMT

47 NYC resident tax on line 38 amount (see page 22).....	47	.00
48 NYC household credit (page 22, table 4, 5, or 6)	48	.00
49 Subtract line 48 from line 47 (if line 48 is more than line 47, leave blank)	49	.00
50 Part-year NYC resident tax (Form IT-360.1)	50	.00
51 Other NYC taxes (Form IT-201-ATT, line 34)	51	.00
52 Add lines 49, 50, and 51	52	.00
53 NYC nonrefundable credits (Form IT-201-ATT, line 10)	53	.00
54 Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank)	54	.00
54a MCTMT net earnings base....	54a	.00
54b MCTMT	54b	.00
55 Yonkers resident income tax surcharge (see page 25)	55	.00
56 Yonkers nonresident earnings tax (Form Y-203)	56	.00
57 Part-year Yonkers resident income tax surcharge (Form IT-360.1)	57	.00
58 Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 54 and 54b through 57)	58	.00
59 Sales or use tax (see page 26; do not leave line 59 blank)	59	0 .00

Voluntary contributions (see page 27)

60a Return a Gift to Wildlife	60a	.00
60b Missing/Exploited Children Fund	60b	.00
60c Breast Cancer Research Fund	60c	.00
60d Alzheimer's Fund	60d	.00
60e Olympic Fund (\$2 or \$4; see page 27)	60e	.00
60f Prostate and Testicular Cancer Research and Education Fund ..	60f	.00
60g 9/11 Memorial	60g	.00
60h Volunteer Firefighting & EMS Recruitment Fund	60h	.00
60i Teen Health Education	60i	.00
60j Veterans Remembrance	60j	.00
60k Homeless Veterans	60k	.00
60l Mental Illness Anti-Stigma Fund	60l	.00
60m Women's Cancers Education and Prevention Fund	60m	.00
60n Autism Fund	60n	.00
60o Veterans' Homes	60o	.00
60 Total voluntary contributions (add lines 60a through 60o)	60	.00
61 Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 46, 58, 59, and 60)	61	9155 .00

See instructions on
pages 22 through 25 to
compute New York City and
Yonkers taxes, credits, and
surcharges, and MCTMT.



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62 Enter amount from line 61

62

9155 .00

Payments and refundable credits (see pages 28 through 31)

63 Empire State child credit	63	.00
64 NYS/NYC child and dependent care credit	64	.00
65 NYS earned income credit (EIC)	65	.00
66 NYS noncustodial parent EIC	66	.00
67 Real property tax credit	67	.00
68 College tuition credit	68	.00
69 NYC school tax credit (fixed amount) (<i>also complete F on page 1</i>)	69	.00
69a NYC school tax credit (rate reduction amount)	69a	.00
70 NYC earned income credit	70	.00
70a NYC enhanced real property tax credit	70a	.00
71 Other refundable credits (<i>Form IT-201-ATT, line 18</i>)	71	.00
72 Total New York State tax withheld	72	11284 .00
73 Total New York City tax withheld	73	.00
74 Total Yonkers tax withheld	74	.00
75 Total estimated tax payments and amount paid with Form IT-370	75	1500 .00



If applicable, complete **Form(s) IT-2** and/or **IT-1099-R** and submit them with your return (see page 12).

Do not send federal Form W-2 with your return.

76 Total payments (add lines 63 through 75)

76 12784 .00

Your refund, amount you owe, and account information (see pages 31 through 34)

77 Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76)

77 3629 .00

78 Amount of line 77 to be refunded

Mark one refund choice: direct deposit to checking or
 savings account (fill in line 83) - or - paper check

78 3629 .00

79 Amount of line 77 that you want applied to your

2018 estimated tax (see instructions)

79 .00

79a Amount of line 77 that you want as a NYS 529 account
deposit (submit Form IT-195)

79a .00

80 Amount you owe (if line 76 is less than line 62, subtract line 76 from line 62). To pay by electronic
funds withdrawal, mark an X in the box and fill in lines 83 and 84. If you pay by check
or money order you must complete Form IT-201-V and mail it with your return.

80 .00

81 Estimated tax penalty (include this amount in line 80 or
reduce the overpayment on line 77; see page 32)

81 .00

82 Other penalties and interest (see page 32)

82 .00

83 Account information for direct deposit or electronic funds withdrawal (see page 33).

If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box (see pg. 33) 83a Account type: Personal checking - or - Personal savings - or - Business checking - or - Business savings

83b Routing number 021000089

83c Account number 55010943

84 Electronic funds withdrawal (see page 33) Date Amount00

Third-party designee? (see instr.) Yes <input type="checkbox"/> No <input type="checkbox"/>	Print designee's name	Designee's phone number ()	Personal identification number (PIN)
E-mail:			

▼ Paid preparer must complete ▼ (see instructions)		Preparer's NYTPRIN	NYTPRIN excl. code
Preparer's signature		Preparer's printed name	
Firm's name (or yours, if self-employed) SELF-PREPARED		Preparer's PTIN or SSN	
Address		Employer identification number	
E-mail:		Date	

▼ Taxpayer(s) must sign here ▼	
Your signature	
Your occupation COMPUTER PROGRAMMER	
Spouse's signature and occupation (if joint return) DIETITIAN	
Date	Daytime phone number (516) 488-7153
E-mail: GMATTIAW@GMAIL.COM	

See instructions for where to mail your return.

201004171555


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Other Tax Credits and Taxes

Attachment to Form IT-201

IT-201-ATT

See the instructions for completing Form IT-201-ATT in the instructions for Form IT-201. Submit this form with your Form IT-201.

Name(s) as shown on your Form IT-201	Your social security number
WILLIAM J AND INDRA MATTIACE	117522618

- A Have you (or an entity of which you are an owner) been convicted of *Bribery Involving Public Servants and Related Offenses, Corrupting the Government, or Defrauding the Government* (NYS Penal Law Article 200, 496, or section 195.20)? (see instructions)..... Yes No

Part 1 – Other New York State, New York City, and Yonkers tax credits

Section A – New York State nonrefundable, non-carryover credits used

Whole dollars only

1 Accumulation distribution credit (<i>submit computation</i>)	1	.00
2 Other nonrefundable, non-carryover credits		
Code Amount	Code Amount	

2a	<input type="text"/>	.00	2b	<input type="text"/>	.00
Total other nonrefundable, non-carryover credits (add lines 2a and 2b)					

Total other nonrefundable, non-carryover credits (add lines 2a and 2b)

2 .00

Section B – New York State nonrefundable, carryover credits used

3 Long-term care insurance credit	3	.659 .00
4 Investment credit	4	.00
5 Solar energy system equipment credit	5	.00
6 Other nonrefundable, carryover credits		

Code	Amount	Code	Amount
6a	<input type="text"/>	6h	<input type="text"/>
6b	<input type="text"/>	6i	<input type="text"/>
6c	<input type="text"/>	6j	<input type="text"/>
6d	<input type="text"/>	6k	<input type="text"/>
6e	<input type="text"/>	6l	<input type="text"/>
6f	<input type="text"/>	6m	<input type="text"/>
6g	<input type="text"/>	6n	<input type="text"/>



Total other nonrefundable, carryover credits (add lines 6a through 6n)

6 .00

7 Total New York State nonrefundable credits used

(add lines 1 through 6; enter here and on Form IT-201, line 42)

7 .659 .00

Section C – New York City nonrefundable, non-carryover credits used

8 New York City resident UBT credit	8	.00
8a New York City resident GCT credit	8a	.00
9 New York City accumulation distribution credit (<i>submit computation</i>)	9	.00
9a Part-year resident nonrefundable NYC child and dependent care credit	9a	.00
10 Total other New York City nonrefundable credits used		

(add lines 8, 8a, 9, and 9a; enter here and on Form IT-201, line 53)

10 .00

Section D – New York State, New York City, Yonkers, and MCTMT refundable credits

11 Farmers' school tax credit	11	.00
12 Other refundable credits		

Code	Amount	Code	Amount
12a	<input type="text"/>	12g	<input type="text"/>
12b	<input type="text"/>	12h	<input type="text"/>
12c	<input type="text"/>	12i	<input type="text"/>
12d	<input type="text"/>	12j	<input type="text"/>
12e	<input type="text"/>	12k	<input type="text"/>
12f	<input type="text"/>	12l	<input type="text"/>

Total other refundable credits (add lines 12a through 12l)

12 .00

13 Add lines 11 and 12

13 .00

(continued on back)



NO HANDWRITTEN ENTRIES ON THIS FORM

Your social security number
117522618

Part 1, Section D – New York State, New York City, Yonkers, and MCTMT refundable credits (continued)

14 Enter amount from line 13 on the front page	14	.00
15 New York State claim of right credit	15	.00
16 New York City claim of right credit	16	.00
17 Yonkers claim of right credit	17	.00
17a MCTMT (metropolitan commuter transportation mobility tax) claim of right credit	17a	.00
18 Total New York State, New York City, Yonkers, and MCTMT other refundable credits (add lines 14 through 17a; enter here and on Form IT-201, line 71)	18	.00

Part 2 – Other New York State taxes (submit all applicable forms)If you are subject to other New York State taxes, **complete Part 2**.

19 New York State tax on capital gain portion of lump-sum distributions (<i>Form IT-230</i>)	19	.00
20 Other New York State taxes		
Code	Amount	
20a		.00
20b		.00
20c		.00
20d		.00
20e		.00
20f		.00
Code	Amount	
20g		.00
20h		.00
20i		.00
20j		.00
20k		.00
20l		.00
Total other New York State taxes (add lines 20a through 20l)	20	.00
21 Add lines 19 and 20	21	.00
22 See instructions for line 22	22	.00
23 Enter amount from Form IT-201 , line 39	23	.00
24 Subtract line 23 from line 22 (if line 23 is more than line 22, leave blank)	24	.00
25 Subtract line 24 from line 21 (if line 24 is more than line 21, leave blank)	25	.00
26 New York State separate tax on lump-sum distributions (<i>Form IT-230</i>)	26	.00
27 Resident credit against separate tax on lump-sum distributions	27	.00
28 Subtract line 27 from line 26	28	.00
29 This line intentionally left blank	29	
30 Net other New York State taxes (add lines 25 and 28; enter here and on Form IT-201, line 45)	30	.00

Part 3 – Other New York City taxes (submit all applicable forms)

31 This line intentionally left blank	31	
32 New York City resident separate tax on lump-sum distributions (<i>Form IT-230</i>)	32	.00
33 New York City tax on capital gain portion of lump-sum distributions (<i>Form IT-230</i>)	33	.00
34 Total other New York City taxes (add lines 32 and 33; enter here and on Form IT-201, line 51)	34	.00

NO HANDWRITTEN ENTRIES ON THIS FORM



241002171555





Department of Taxation and Finance

REV 11/21/17 TTW

Claim for Long-Term Care Insurance Credit

Tax Law - Section 606(aa)

IT-249

Name(s) as shown on return

WILLIAM J AND INDRA MATTIACE

Identifying number as shown on return

117522618

Submit this form with Form IT-201, IT-203, IT-204, or IT-205.

Schedule A – Individuals (including sole proprietors), partnerships, and fiduciaries

1 Qualified long-term care insurance premiums paid for the current tax year (see instructions)	1	3296 .00
2 Credit rate (20%)	2	.20
3 Credit for qualified long-term care insurance (multiply line 1 by line 2)	3	659 .00

Fiduciaries: Include the amount from line 3 in the *Total* line of Schedule D, column C.**All others:** Enter the amount from line 3 on Schedule E, line 8.**Schedule B – Partnership, S corporation, estate, and trust information (see instructions)**

If you were a partner in a partnership, a shareholder of a New York S corporation, or a beneficiary of an estate or trust and received a share of the long-term care insurance credit from that entity, complete the following information for each partnership, New York S corporation, estate, or trust. For Type, enter **P** for partnership, **S** for S corporation, or **ET** for estate or trust.

Name of entity	Type	Employer ID number

Schedule C – Partner's, shareholder's, or beneficiary's share of credit (see instructions)

Partner	4	Enter your share of the credit from your partnership	4	.00
S corporation shareholder	5	Enter your share of the credit from your S corporation	5	.00
Beneficiary	6	Enter your share of the credit from the fiduciary's Form IT-249, Schedule D, column C	6	.00
	7	Totals (add lines 4, 5, and 6)	7	.00

Fiduciaries: Include the amount from line 7 in the *Total* line of Schedule D, column C.**All others:** Enter the amount from line 7 on Schedule E, line 9.**Schedule D – Beneficiary's and fiduciary's share of credit (see instructions)**

A Beneficiary's name (same as on Form IT-205, Schedule C)	B Identifying number	C Share of qualified long-term care insurance credit
Total (enter the amount from Schedule A, line 3, plus the amount from Schedule C, line 7)		.00
		.00
		.00
Fiduciary		.00

(continued on page 2)

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Schedule E – Computation of credit available for the current year

Individuals and partnerships	8	Enter the amount from Schedule A, line 3	8	659 .00
Partners, S corporation shareholders, beneficiaries	9	Enter the amount from Schedule C, line 7	9	.00
Fiduciaries	10	Enter the amount from Schedule D, <i>Fiduciary</i> line, column C	10	.00
	11	Total credit available for the current year (add lines 8, 9, and 10)	11	659 .00

Full-year NYS resident individuals, estates, and trusts: Complete Schedule F and Schedule H.

Nonresident and part-year resident individuals, estates, and trusts: Complete Schedule G and Schedule H.

Partnerships: Enter the line 11 amount on Form IT-204, line 145.

Schedule F – Full-Year New York State residents computation of total credit

12 Enter the amount from line 11	12	659 .00
13 Enter the carryover credit from last year's Form IT-249	13	.00
14 Total credit (<i>add lines 12 and 13; complete Schedule H</i>)	14	659 .00

Schedule G – New York State nonresidents and part-year residents computation of total credit

15 Enter the amount from line 11	15	.00
16 Income percentage from this year's Form IT-203, line 45, or Form IT-205-A, line 12 (<i>if the income percentage is more than 100% (1.0000), enter 1.0000</i>)	16	
17 Nonresident and part-year resident credit (<i>multiply line 15 by line 16</i>)	17	.00
18 Enter the carryover credit from last year's Form IT-249	18	.00
19 Total credit (<i>add lines 17 and 18; complete Schedule H</i>).....	19	.00

Schedule H – Computation of credit used and carried over

20 Tax due before credits (<i>see instructions</i>).....	20	9814 .00
21 Credits applied against the tax before this credit (<i>see instructions</i>)	21	.00
22 Net tax (<i>subtract line 21 from line 20</i>)	22	9814 .00
23 Credit used for the current tax year (<i>see instructions</i>)	23	659 .00
24 Amount of credit available for carryover to next year. Full-year residents: Subtract line 23 from line 20 from line 14. Nonresidents and part-year residents: Subtract line 23 from line 19	24	.00



Taxpayer/Spouse Income Allocation Worksheet

2017

Taxable Income of New York City Resident Yonkers Resident Income Tax Surcharge

Name as Shown on Return	Social Security No.		
WILLIAM J AND INDRA MATTIACE	117522618		
Federal Adjusted Gross Income	Total	Taxpayer	Spouse
1 Wages, salaries, tips, etc	90222.	90222.	
2 Taxable interest income	4.	4.	
3 Dividend income	8952.	4477.	4475.
4 Taxable refunds, credits, or offsets of state and local income taxes	420.	420.	
5 Alimony received.			
6 Business income or (loss)			
7 Capital gain or (loss).	24429.	24429.	
8 Other gains or (losses)			
9 Taxable amount of IRA distributions			
10 Taxable pensions and annuities	116435.		116435.
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc.			
12 Farm income or (loss)			
13 Unemployment compensation			
14 Taxable social security benefits			
15 Other income			
16 Total (add lines 1 through 15).	240462.	119552.	120910.
17 Less: Federal adjustments to income			
18 Federal adjusted gross income (line 16 less line 17)	240462.	119552.	120910.

New York Additions

19 Interest income on state and local bonds and obligations			
20 Public employee 414(h) retirement contributions from your wage and tax statements			
21 New York's 529 college savings program distributions			
22 Other			
23 Add lines 19 through 22			

New York Subtractions

24 Taxable refunds, credits, or offsets of state and local income taxes	420.	420.	
25 Pensions of New York State and local governments and the federal government	51840.		51840.
26 Taxable amount of social security benefits			
27 Interest income on U.S. government bonds			
28 Pension and annuity income exclusion	20000.		20000.
29 New York's 529 college savings program deductions/earnings			
30 Other			
31 Add lines 24 through 30	72260.	420.	71840.
32 New York adjusted gross income	168202.	119132.	49070.

Itemized Deductions	Total	Taxpayer	Spouse
33 Medical and dental expenses			
34 Taxes you paid			
35 Interest you paid			
36 Gifts to charity			
37 Casualty and theft losses			
38 Job expenses and most other miscellaneous deductions			
39 Other miscellaneous deductions			
40 Add lines 33 through 39			
41 Reduction for federal itemized deductions limitation			
42 Total itemized deductions			
43 State, local, foreign taxes, other subtraction adjustments			
44 Subtract line 43 from line 42			
45 Addition adjustments			
46 College tuition itemized deduction			
47 Add lines 44, 45 and 46			
48 New York itemized deduction adjustment			
49 New York itemized deduction			

New York Taxable Income

50 New York itemized deduction or			
New York standard deduction		8000.	8000.
51 New York dependent exemptions			
52 New York taxable income		111132.	41070.

New York State Taxes

53 New York taxable income		111132.	41070.
54 New York State tax		7006.	2311.
55 Form IT-216 New York State Child and Dependent Care Credit for part-year residents . . .			
56 New York State Household Credit			
57 Earned Income Credit for part-year residents . . .			
58 New York State nonrefundable credits	659.	659.	
59 Add lines 55, 56, 57 and 58		659.	
60 Subtract line 59 from line 54		6347.	2311.
61 Other New York State taxes			
62 Total New York State taxes		6347.	2311.

Information for Calculation of Yonkers Tax

63 Form IT-201-ATT, line 13 Refundable credits . *			
64 Form IT-209 Noncustodial Parent EIC Credit . *			
65 Form IT-213 Empire State Child Credit . . . *			
66 Form IT-214 Real Property Tax Credit . . . *			
67 Form IT-215 or IT-209 Earned Income Credit . *			
68 Form IT-216 New York State Child and Dependent Care Credit			
69 Form IT-272 College Tuition Credit. *			
70 New York City School Tax Credit.			
71 Property Tax Relief Credit.			
72 STAR reconciliation amount IT-119 line 3 . . .			
73 Form IT-112.1 Resident Credit against separate tax on lump-sum distributions . . . %			
74 Form IT-203-ATT, line 20, Other New York State Taxes %			
75 Form IT-203-ATT, lines 9, 10 and 12, State Refundable Credits %			

* IT-201 filers only

% IT-203 filers only



Department of Taxation and Finance
Summary of W-2 Statements
 New York State • New York City • Yonkers

REV 11/13/17 TTW

IT-2

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions on the back.

W-2 Record 1

Box a Employee's social security number for this W-2 Record

117522618

Box b Employer identification number (EIN)

136400434

Box 1 Wages, tips, other compensation

90222.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box c Employer's information**Employer's name**

THE CITY OF NEW YORK

Employer's address (number and street)

450 W 33RD ST 4TH FLOOR

City	State	ZIP code	Country (if not United States)
NEW YORK	NY	10001	

Box 12a Amount

15200.00

Code

G

Box 14a Amount

107.00

Description

FRINGE

Box 12b Amount

16168.00

Code

A A

Box 14b Amount

2810.00

Description

IRC 132

Box 12c Amount

20191.00

Code

D D

Box 14c Amount

.00

Description**Box 12d Amount**

.00

Code

I I

Box 14d Amount

.00

Description

Box 13 Statutory employee Retirement plan Third-party sick pay

Corrected (W-2c)

NY State information: **Box 15a**
NY State N Y

Box 16a NYS wages, tips, etc.**Box 17a NYS income tax withheld**

4984.00

Other state information: **Box 15b**
other state

Box 16b Other state wages, tips, etc.**Box 17b Other state income tax withheld**

.00

NYC and Yonkers
information (see instr.):

Locality a .00
Locality b .00

Box 18 Local wages, tips, etc.**Box 19 Local income tax withheld****Box 20 Locality name**

Locality a .00
Locality b .00

Do not detach.
W-2 Record 2

Box a Employee's social security number for this W-2 Record

Box 1 Wages, tips, other compensation

.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box c Employer's information**Employer's name****Employer's address (number and street)****City****State****ZIP code****Country (if not United States)****Box 12a Amount**

.00

Code

I I

Box 14a Amount

.00

Description**Box 12b Amount**

.00

Code

I I

Box 14b Amount

.00

Description**Box 12c Amount**

.00

Code

I I

Box 14c Amount

.00

Description**Box 12d Amount**

.00

Code

I I

Box 14d Amount

.00

Description

Box 13 Statutory employee Retirement plan Third-party sick pay

Corrected (W-2c)

NY State information: **Box 15a**
NY State N Y

Box 17a NYS income tax withheld

.00

Other state information: **Box 15b**
other state

Box 17b Other state income tax withheld

.00

NYC and Yonkers
information (see instr.):

Locality a .00
Locality b .00

Box 18 Local wages, tips, etc.**Box 19 Local income tax withheld****Box 20 Locality name**

Locality a .00
Locality b .00

NO HANDWRITTEN ENTRIES ON THIS FORM

102001171555



Department of Taxation and Finance

Summary of Federal Form 1099-R Statements

New York State • New York City • Yonkers

REV 11/13/17 TTW

IT-1099-R

Do not detach or separate the 1099-R Records below. File Form IT-1099-R as an entire page. See instructions on the back.

Name(s) as shown on return WILLIAM J AND INDRA MATTIACE
--

Identifying number as shown on return 117522618
--

1099-R Record 1Corrected (1099-R) Recipient's identification
number for this 1099-R

071629248

Box A Payer's name and full address

STATE STREET RETIREE SERVICES FOR NYS DEFERRED COMPEN
385 JORDAN ROAD, TROY, NY 12180

Box B Payer's federal identification number

043581074

Box 1 Gross distribution

64595.00

Box 2a Taxable amount

64595.00

Box 2b Taxable amount not determined

Total distribution.....

Box C Account number

--

Box 3 Capital gain (included in box 2a)

.00

Box 7 Distribution code(s)

7

Box 9a Percentage of distribution

.00

Box 9b Employee contributions

.00

Box 10 Amount allocable to IRR within 5 years

.00

Box 11 1st year of desig. Roth contrib.

--

Box 12 State tax withheld (for NY State)

6300.00

Box 14 State distribution

--

64595.00

Box 15 Local tax withheld (NYC or Yonkers)

--

.00

--

.00

Box 16 Locality name

--

--

Box 17 Local distribution

--

.00

--

.00

1099-R Record 2Corrected (1099-R) Recipient's identification
number for this 1099-R

Box A Payer's name and full address

--

Box B Payer's federal identification number

--

Box 1 Gross distribution

.00

Box 2a Taxable amount

.00

Box 2b Taxable amount not determined

Total distribution.....

Box C Account number

--

Do not detach.

Box 11 1st year of desig. Roth contrib.

--

Box 12 State tax withheld (for NY State)

.00

Box 14 State distribution

--

.00

Box 15 Local tax withheld (NYC or Yonkers)

--

.00

--

.00

Box 16 Locality name

--

--

Box 17 Local distribution

--

.00

--

.00

NO HANDWRITTEN ENTRIES ON THIS FORM

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1099-R Record 3**Corrected (1099-R)**

Recipient's identification number for this 1099-R

Box A Payer's name and full address

Box B Payer's federal identification number

Box 1 Gross distribution .00

Box 2a Taxable amount .00

Box 2b Taxable amount not determined

Total distribution.....

Box C Account number

Box 3 Capital gain (included in box 2a) .00

Box 7 Distribution code(s)

Box 9a Percentage of distribution .00

Box 9b Employee contributions .00

Box 10 Amount allocable to IRR within 5 years .00

Box 11 1st year of desig. Roth contrib.

State **N Y** **Box 12 State tax withheld (for NY State)** .00

Box 14 State distribution .00

NY State .00
Box 15 Local tax withheld (NYC or Yonkers) .00

Locality a .00
Locality b .00

Box 16 Locality name

Locality a .00
Locality b .00

Box 17 Local distribution .00

Locality a .00
Locality b .00



Do not detach.

Instructions

General instructions

Who must file this form – You must complete Form IT-1099-R, if you file a New York State income tax return and you received 1099-R statements that show New York State, New York City, or Yonkers withholding.

Specific instructions

Enter the name(s) and entire 9-digit social security number (SSN) or employer identification number (EIN) as entered on your income tax return. If you are married filing a joint return, enter both names and the SSN listed first on the return.

Entering whole dollar amounts – When entering amounts, enter **whole dollar amounts only** (zeros have been preprinted). Use the following rounding rules when entering your amounts; drop amounts below 50 cents and increase amounts from 50 to 99 cents to the next dollar. For example, \$1.39 becomes \$1 and \$2.50 becomes \$3.

Complete one *1099-R Record* section for each federal Form 1099-R you (and if filing jointly, your spouse), or an estate or trust received that shows New York State, New York City, or Yonkers withholding. Enter only the information requested on Form IT-1099-R. Complete additional Form(s) IT-1099-R if necessary.

How to complete each 1099-R Record

Each box in the *1099-R Record* section corresponds to a numbered box on federal Form 1099-R. Enter the amount, code, or description provided on federal Form 1099-R in the corresponding numbered boxes on Form IT-1099-R.

Recipient's identification number for this Form 1099-R –
Enter your SSN (or your spouse's SSN) or the EIN of the estate or trust, as applicable.

In **Box A** and **Box B**, enter the payer's name and address and the payer's federal identification number as they appear on the corresponding federal Form 1099-R.

Mark an **X** in the *Total distribution* box of the *1099-R Record* if the corresponding box on federal Form 1099-R is marked.

Corrected (1099-R) – If the *1099-R Record* is for a federal corrected Form 1099-R, mark an **X** in the *Corrected (1099-R)* box.

Transfer the tax withheld amounts to your income tax return. Include the total NYS tax withheld amounts, the total NYC tax withheld amounts, and the total Yonkers tax withheld amounts from all your Form(s) IT-1099-R as follows:

- **NYS tax withheld** – Include on Form IT-201, line 72; Form IT-203, line 62; or Form IT-205, line 34.
- **NYC tax withheld** – Include on Form IT-201, line 73; Form IT-203, line 63; or Form IT-205, line 35.
- **Yonkers tax withheld** – Include on Form IT-201, line 74; Form IT-203, line 64; or Form IT-205, line 36.

Do not detach or separate the 1099-R Records.

File Form IT-1099-R as an entire page. Submit this form (IT-1099-R) with your New York State income tax return: Form IT-201, IT-203, or IT-205. Submit additional Form(s) IT-1099-R if applicable.

Do not submit your federal 1099-R forms; keep them for your records.

NO HANDWRITTEN ENTRIES ON THIS FORM

099002171555



59 Maiden Lane, 19th Floor
 New York, NY 10038-4502
nyc.gov/finance

MATTIACE, WILLIAM J
 186 LOCUST STREET, APT. PVT
 FLORAL PARK NY 11001

EIN/SSN: 117-52-2618
 PERIOD BEGIN: 01-01-2017
 PERIOD END: 12-31-2017

General Information

File form NYC-200V if you are filing a paper return and there is a balance due. Submit your check with this form. Do not send the check with the return. If you filed your New York City return or extension electronically but did not pay the amount due electronically with the return, you may file a paper NYC-200V with a check, or you may file a Form NYC-200V online and pay online at nyc.gov/eservices.

Your form NYC-200V and payment must be postmarked by the return due date to avoid late payment penalties and interest.

EIN/SSN

Individuals and Single-Member LLCs should file using a Social Security Number. Estates and Trusts and Partnerships should file using an Employer Identification Number.

Payment

The amount you pay should be the amount shown on your e-filed or paper New York City return or extension. Make your check or money order payable in US funds to New York City Department of Finance.

Where to Mail

Mail your payment to:

New York City Department of Finance
 P.O. Box 3933
 New York, NY 10008-3933

Paying electronically is fast, secure and easy. Go to nyc.gov/eservices for more information.

PLEASE DETACH ALONG THE DOTTED LINE

2017

57

REV 11/16/17 TTW

MATTIACE, WILLIAM J
 186 LOCUST STREET, APT. PVT
 FLORAL PARK NY 11001

EIN/SSN: 117-52-2618
 PERIOD BEGIN: 01-01-2017
 PERIOD END: 12-31-2017

TAX TYPE	FORM NAME
300	NYC-1127

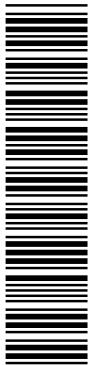
NYC DEPARTMENT OF FINANCE
 P.O. BOX 3933
 NEW YORK, NY 10008-3933

Payment Amount Enclosed

2,611.00

Make Remittance Payable to: NYC Department of Finance

300 002 00000000117522618 12312017 000000000000 06 0000261100 0



PRINT OR TYPE ▼

First names and initials of employee and spouse:		Last name:	Name Change <input type="checkbox"/>	AMENDED RETURN <input type="checkbox"/>
WILLIAM J		MATTIAICE		
Home address (number and street): 186 LOCUST STREET		Apartment no.: PVT	Address Change <input type="checkbox"/>	TAXPAYER'S EMAIL ADDRESS GMATTIAWE@GMAIL.COM
City and State: FLORAL PARK NY		Zip Code: 11001	Country (if not US)	
NYC Department or Agency where employed: FDNY		Employee <input type="checkbox"/>	Spouse <input type="checkbox"/>	
Daytime telephone number:		5 1 6	4 8 8	7 1 5 3
SPOUSE'S SOCIAL SECURITY NUMBER 				

1 - FILING STATUS

 A. MARRIED FILING JOINTLY
OR SURVIVING SPOUSE

Note: If you file a joint Federal tax return but elect to exclude a spouse's income, see the special computation Schedule A on the back of this form and use Filing Status C.

 B. HEAD OF HOUSEHOLD

 C. SINGLE OR MARRIED
FILING SEPARATELY

A. NUMBER OF MONTHS EMPLOYED IN 2017 EMPLOYEE: 12

SPOUSE: _____

B. DATE RETIRED FROM NYC SERVICE EMPLOYEE: _____

SPOUSE: _____

 C. CHECK BOX IF YOU AND YOUR SPOUSE ARE BOTH SUBJECT TO SECTION 1127.

A. Payment	Amount being paid electronically with this return	A.	Payment Amount
			2,611

2 - 1127 LIABILITY CALCULATION

All the information you will need to complete this 1127 form comes directly from your NYS Income Tax Return. For your convenience, we have listed where on your State tax return you can find this information depending on whether you filed a NYS Resident Income Tax Return (NYS IT-201) or a NYS Non-Resident and Part-Year Resident Income Tax Return (NYS IT-203).

Line	Where do I get the amount?	Amount
1 NYS Taxable Income. See instructions.	◆ NYS IT-201, line 37 ◆ NYS IT-203, line 36 Note: If you file a joint Federal tax return but elect to exclude a spouse's income, see the special computation Schedule A on the back of this form and use Filing Status C.	143,702.
2 Section 1127 liability plus Other New York City Taxes, if any. See instructions.	◆ Page 2 liability rate schedules ◆ NYS IT-201, line 51	5,445.
3 New York City School tax and other credits	◆ See Page 2, Schedule B and Instructions	384.
4 New York City 1127 amount withheld	◆ Form 1127.2	2,450.
5 Balance Due	◆ If line 2 is greater than the sum of lines 3 and 4, enter balance due	2,611.
6 Refund	◆ If line 2 is less than the sum of lines 3 and 4, enter refund amount (not to exceed the amount on line 4). (See instr.)	

3 - CERTIFICATION

I hereby certify that this return, including any accompanying rider, is, to the best of my knowledge and belief, true, correct and complete.

 I authorize the Department of Finance to discuss this return with the preparer listed below. (see instructions) YES

SIGN
HERE:
YOUR SIGNATURE _____ DATE _____

PREPARER'S USE ONLY	SIGNATURE OF PREPARER OTHER THAN TAXPAYER	EIN OR SSN OR PTIN	DATE	PREPARER'S EMAIL ADDRESS
	SELF-PREPARED PREPARER'S PRINTED NAME	ADDRESS	CITY	STATE ZIP CODE

ATTACH A COMPLETE COPY OF YOUR NEW YORK STATE
INCOME TAX RETURN INCLUDING ALL SCHEDULES
Payment must be made in U.S. dollars, drawn on a U.S. bank.

ALL RETURNS EXCEPT REFUND RETURNS
NYC DEPARTMENT OF FINANCE
SECTION 1127
P.O. BOX 5564
BINGHAMTON, NY 13902-5564

REMITTANCES
PAY ONLINE WITH FORM NYC-200V AT
NYC.GOV/ESERVICES OR
Mail Payment and Form NYC-200V ONLY to:
NYC DEPARTMENT OF FINANCE
P.O. BOX 3933
NEW YORK, NY 10008-3933

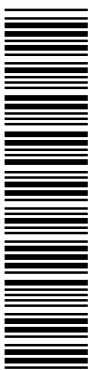
RETURNS CLAIMING REFUNDS
NYC DEPARTMENT OF FINANCE
SECTION 1127
P.O. BOX 5563
BINGHAMTON, NY 13902-5563

SCHEDULE A		Schedule for Married Filing Jointly for State Purposes and Separately for 1127 Purposes (Spouse is not a NYC mayoral agency employee)
Line		Amount
1	NYS Adjusted Gross Income	◆ NYS IT-201, line 33; NYS IT-203, line 32. 168,202.
2	Non NYC Employee Income	◆ Enter all income, additions and subtractions attributable to the non NYC employee 16,500.
3	Net NYS Gross Income	◆ Line 1 less Line 2 151,702.
4	Compute limitation percentage	Line 3: \$ 151,702. = 90.19 % Line 1: \$ 168,202. <div style="border: 1px solid black; padding: 5px; margin-left: 20px;">Part-year employees must prorate standard deduction and dependent exemption amounts based on number of months employed by NYC.</div>
5	Check only one box:	<input checked="" type="checkbox"/> Standard Deduction: \$8,000. OR <input type="checkbox"/> Itemized deduction: \$ _____ X _____ % = (See instructions) amount from IT 201, line 34 % from line 4 amount from IT 203, line 33 8,000.
6	New York Dependent Exemption from NYS return. No exemption is allowed for employee or spouse. (If married filing separately for Section 1127 purposes, apply the limitation percentage from line 4).	◆ NYS IT-201, line 36; NYS IT-203, line 35.
7.	Total Deductions and Exemptions	◆ Line 5 + line 6 8,000.
8.	Allocated New York State Taxable Income	◆ Line 3 less line 7. Enter on Page 1, line 1. 143,702.

SCHEDULE B Nonrefundable credits

Line	Where do I get the amount?	Amount
A1.	NYC School Tax Credit (fixed amount)	◆ See Instructions 63.
A2.	NYC School Tax Credit (rate reduction amount)	◆ See Instructions 321.
B.	UBT Paid Credit	◆ See Instructions
C.	NYC household credit	◆ from IT-201 Instructions NYC table 4, 5 or 6
D.	NYC Claim of Right Credit	◆ from Form IT-201-ATT, line 16 or IT-203-ATT, line 15 (attach Form IT-257)
E.	NYC Earned Income Credit	◆ (attach IT-215)
F.	Other NYC taxes	◆ See Instructions
G.	NYC Child and Dependent Care Credit	◆ See Instructions (attach IT-216)
H.	Total of lines A1 - G	◆ enter on page 1, line 3 384.

REV 03/12/18 TTW

**NEW YORK CITY 1127 LIABILITY RATES****Table A - Married filing jointly or surviving spouse**

If Form NYC-1127, line 1 is:

OVER	BUT NOT OVER	THE LIABILITY IS:	
\$ 0	\$ 21,600	3.078%	of Form 1127, line 1
\$ 21,600	\$ 45,000	3.762%	of the excess over \$ 21,600
\$ 45,000	\$ 90,000	3.819%	of the excess over \$ 45,000
\$ 90,000		3.876%	of the excess over \$ 90,000

Table B - Head of household

If Form NYC-1127, line 1 is:

OVER	BUT NOT OVER	THE LIABILITY IS:	
\$ 0	\$ 14,400	3.078%	of Form 1127, line 1
\$ 14,400	\$ 30,000	3.762%	of the excess over \$ 14,400
\$ 30,000	\$ 60,000	3.819%	of the excess over \$ 30,000
\$ 60,000		3.876%	of the excess over \$ 60,000

Table C - Single or married filing separately

If Form NYC-1127, line 1 is:

OVER	BUT NOT OVER	THE LIABILITY IS:	
\$ 0	\$ 12,000	3.078%	of Form 1127, line 1
\$ 12,000	\$ 25,000	3.762%	of the excess over \$ 12,000
\$ 25,000	\$ 50,000	3.819%	of the excess over \$ 25,000
\$ 50,000		3.876%	of the excess over \$ 50,000

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Other Tax Credits and Taxes Worksheet

2017

► Keep for your records

Name as Shown on Return WILLIAM J AND INDRA MATTIACE	Social Security No. 117-52-2618
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Part I – New York Credits

Section A – New York State Nonrefundable/Non-Carryover Credits

Form IT-201-ATT, line 1 thru 2 or Form IT-203-ATT, lines 1 thru 3

1	Form IT-112-R – Resident Credit	1	
2	Form IT-112-C – Resident Credit for Taxes Paid to a Province of Canada	2	
3	Form IT-250 – Defibrillator Credit	3	
4	Form IT-604 – Qualified Economic Zone Employment Tax Reduction Credit	4	
5	New York State Accumulation Distribution Credit (<i>attach computation</i>)	5	

Section B – New York State Nonrefundable/Carryover Credits

Form IT-201-ATT, line 3 thru 7 or Form IT-203-ATT, lines 4 thru 8

1	Form IT-212 – Investment Credit	1	
2	Form IT-236 – Taxicabs and Livery Service Vehicles Accessible to Persons with Disabilities Credit (costs incurred on or after January 1, 2011)	2	
3	Form IT-237 – Historic homeownership rehabilitation credit	3	
4	Form IT-239 – Taxicabs and Livery Service Vehicles Accessible to Persons with Disabilities Credit carryover (costs incurred before January 1, 2011)	4	
5	Form IT-246 – Empire State commercial production credit	5	
6	Form IT-249 – Long-Term Care Insurance Credit	6	659.
7	Form IT-251 – Employment of Persons with Disabilities Credit	7	

Carryover information
for Form IT-252 ►

Year Carryover Credit Earned	Carryover Amount
_____	_____
_____	_____
_____	_____

8	Form IT-252 – Financial Services Industry Investment Tax Credit carryover	8	
9	Form IT-253 – Alternative Fuels Credit carryover	9	
10	Form IT-255 – Solar Energy System Equipment Credit	10	
11	Form IT-256 – Claim for Special Additional Mortgage Recording Tax Credit	11	
12	Form IT-261 – Empire State film post-production credit carryover	12	
13	Form IT-501 – Temporary nonrefundable credit deferral payout	13	
14	Form IT-601 – Empire Zone (EZ) Wage Tax Credit	14	
15	Form IT-602 – Empire Zone (EZ) Capital Tax Credit.	15	
16	Form IT-603 – Empire Zone (EZ) Invest Tax Cr and Employment Incentive Cr	16	
17	Form IT-605 – Financial Services Industry Empire Zone (EZ) Investment Tax Credit and Employment Incentive Credit.	17	
18	Form IT-637 – Alternative Fuels and Electric Vehicle Recharging Property Cr	18	
19	Form IT-643 – Hire a Veteran Credit	19	
20	Form IT-644 – Workers with Disabilities Tax Credit	20	
21	Form DTF-622 – Qualified Emerging Technology Co. (QETC) Capital Tax Credit	21	
22	Form DTF-624 – Low-Income Housing Credit	22	
23	Form DTF-630 – Green Building Credit	23	
24	Residential Fuel Oil Storage Tank Credit carryover (<i>attach computation</i>).	24	
25	Solar and Wind Energy Credit carryover (<i>attach computation</i>).	25	

* New for 2017

Pensions/Annuities/IRAs Worksheet

2017

► Keep for your records

Name as Shown on Return <u>WILLIAM J AND INDRA MATTIACE</u>	Social Security No. <u>117-52-2618</u>
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Part I – Calculation of Taxable Income Amounts

Payer's Name See Additional Distributions EIN _____ TP/SP _____

Special Type Indicators:

- Qualifies for government exclusion . Tier II Railroad Retirement Benefits.
 Optional Retirement Program Distribution or former government pension converted to an IRA
 Not eligible for the Government Exclusion or the Other Pension and Annuity Income Exclusion
 None of the above apply

Check if IRA/SEP/SIMPLE or treated as such . Date of first receipt in 2017

Gross pension/IRAs 116,435.

Federal taxable pension/IRAs (regular) 116,435.

New York State taxable pension/IRAs, if different than federal 116,435.

If optional retirement program distribution or former government pension converted to an IRA, enter the amount (if any) that qualifies for the governmental exclusion

Pensions received as a beneficiary of a decedent:

Decedent's date of birth.

Decedent's total pension/annuity/IRA (if known)

Pension and annuity exclusion for this distribution claimed on the decedent's return

Beneficiary's percentage share of total distribution (enter in the format xx.xxxx - for example, 49.72% = 49.72)

Note: If the distribution was from an optional retirement program and was received as a beneficiary of a decedent, see the tax help for the 'Decedent's Total Pension/Annuity/IRA' for more information.

IRAs/Pensions Received as a Beneficiary Question (IT-201/IT-203, line 9 and line 10)

- | | | | |
|---|--|------------------------------|-----------------------------|
| 1 | Were any IRA distribution(s) received as a beneficiary? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2 | Were any pension distribution(s) received as a beneficiary | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Individual retirement accounts (IRAs) (Part-Year Residents)	Taxpayer	Spouse
1 Allocated IRA distributions		
2 Total taxable IRA distributions. Enter this amount on line 9, column B of the Part-Year Resident/Nonresident Allocation Worksheet		
Pensions and annuities (Nonresidents and Part-Year Residents)	Taxpayer	Spouse
3 Allocated pension/annuity distributions		
4 Total taxable pension/annuity distributions. Enter this amount on line 10, column B of the Part-Year Resident/Nonresident Allocation Worksheet		

Part II – Calculation of Exclusion Amounts	Taxpayer	Spouse
1 a Date of birth	<u>04/04/57</u>	<u>10/31/55</u>
b Age as of 1/1/2017.	<u>59</u>	<u>61</u>
c If all pensions and IRAs qualify for the pension and annuity income exclusion regardless of the recipients age (assuming the pensions and IRAs meet all other requirements for the pension and annuity income exclusion), check this box	<input type="checkbox"/>	<input type="checkbox"/>
2 a Total governmental pension. If filing Form IT-203, this is also the governmental exclusion from all sources; enter this amount on Form IT-203, line 25, Federal column		<u>51,840.</u>
b Governmental pension exclusion. Enter this amount on Form IT-201, line 26 or Form IT-203, line 25, New York State Column . . .		<u>51,840.</u>
3 Total other pension and annuity income		<u>64,595.</u>
4 a If filing Form IT-203, other pension and annuity income exclusion from all sources. Enter this amount on Form IT-203, line 28, Federal column		
b Other pension and annuity income exclusion from New York sources. Enter this amount on Form IT-201, line 29 or Form IT-203, line 28, New York State column		<u>20,000.</u>
5 Disability income exclusion	<u>0.</u>	

Note: Information on line 1 will be used to determine eligibility based on age. The sum of the pension and annuity income exclusion (line 4) and the disability income exclusion (line 5) cannot exceed \$20,000 for taxpayer or spouse.

Additional information from your Pension/Annuities/IRA Worksheet

Pension/Annuities/IRA Worksheet

Additional Distributions

Continuation Statement

Payer's Name NYS & LOCAL EMPLOYEES RETIREMENT SYSTEM EIN 14-6020869 TP/SP S

Special Type Indicators:

Qualifies for government exclusion . Tier II Railroad Retirement Benefits
Optional Retirement Program Distribution or former government pension converted to an IRA
Not eligible for the Government Exclusion or the Other Pension and Annuity Income Exclusion
None of the above apply

Check if IRA/SEP/SIMPLE or treated as such . Date of first receipt in 2017

Gross pension/IRAs 51,840.

Federal taxable pension/IRAs (regular) 51,840.

New York State taxable pension/IRAs, if different than federal 51,840.

If optional retirement program distribution or former government pension converted to an IRA, enter the amount (if any) that qualifies for the governmental exclusion

Pensions received as a beneficiary of a decedent:

Decedent's date of birth

Decedent's total pension/annuity/IRA (if known)

Pension and annuity exclusion for this distribution claimed on the decedent's return

Beneficiary's percentage share of total distribution (enter in the format xx.xxxx - for example, 49.72% = 49.72)

Pension/Annuities/IRA Worksheet**Additional Distributions****Continuation Statement**

Payer's Name STATE STREET RETIREE SERVICES FOR NYS DEFERRED COMPENSTION PLAN EIN 04-3581074 TP/SP S
 Special Type Indicators:

Qualifies for government exclusion . Tier II Railroad Retirement Benefits

 Optional Retirement Program Distribution or former government pension converted to an IRA

 Not eligible for the Government Exclusion or the Other Pension and Annuity Income Exclusion.

 None of the above apply

Check if IRA/SEP/SIMPLE or treated as such Date of first receipt in 2017

Gross pension/IRAs 64,595.

Federal taxable pension/IRAs (regular) 64,595.

New York State taxable pension/IRAs, if different than federal 64,595.

If optional retirement program distribution or former government pension converted to
an IRA, enter the amount (if any) that qualifies for the governmental exclusion.

Pensions received as a beneficiary of a decedent:

Decedent's date of birth

Decedent's total pension/annuity/IRA (if known)

Pension and annuity exclusion for this distribution claimed on the decedent's return

Beneficiary's percentage share of total distribution (enter in the format xx.xxxx - for
example, 49.72% = 49.72)

Total

<u>116,435.</u>
<u>116,435.</u>
<u>116,435.</u>

Two-Year Comparison

2017

Name as Shown on Return WILLIAM J AND INDRA MATTIACE	Social Security No. 117-52-2618			
	2016	2017	Difference	%
Federal Adjusted Gross Income	219,880.	240,462.	20,582.	9.36
New York Additions				
State and local interest income				
Public employee 414(h) retirement contributions				
New York's 529 college savings program distributions				
Other New York additions				
Total New York Additions				
New York Subtractions				
State tax refund		420.	420.	
Government pension exclusion		51,840.	51,840.	
Taxable social security benefits				
U.S. government interest income				
Pension and annuity income exclusion	536.	20,000.	19,464.	999.00
New York's 529 college savings program deductions/earnings				
Other New York subtractions				
Total New York Subtractions	536.	72,260.	71,724.	999.00
New York Adjusted Gross Income	219,344.	168,202.	-51,142.	-23.32
Standard or Itemized Deduction	17,946.	16,050.	-1,896.	-10.57
Dependent exemptions				
New York Taxable Income	201,398.	152,152.	-49,246.	-24.45
New York State tax	13,393.	9,814.	-3,579.	-26.72
New York State nonrefundable credits	597.	659.	62.	10.39
Other New York State taxes				
Total New York State taxes	12,796.	9,155.	-3,641.	-28.45
New York City taxes				
Yonkers City taxes				
Use tax	0.	0.	0.	
Voluntary gifts/contributions				
Total New York State, New York City and Yonkers Taxes, Use Tax and Voluntary Gifts/Contributions	12,796.	9,155.	-3,641.	-28.45
Withholding	9,395.	11,284.	1,889.	20.11
Estimated tax payments, extension payment, and amount applied from prior year return	4,000.	1,500.	-2,500.	-62.50
Refundable credits				
Total payments and refundable credits	13,395.	12,784.	-611.	-4.56
Underpayment penalty				
Applied to next year's estimated tax				
Refund	599.	3,629.	3,030.	505.84
Balance Due				

SCHEDULE A
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on Form 1040

William J & Indra Mattiace

Itemized Deductions

► Go to www.irs.gov/ScheduleA for instructions and the latest information.

► Attach to Form 1040.

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 28.

OMB No. 1545-0074

2017

Attachment
Sequence No. **07**

		Your social security number	
		117-52-2618	
Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others.		
1	Medical and dental expenses (see instructions)	1	
2	Enter amount from Form 1040, line 38 2 240,462.	2	
3	Multiply line 2 by 7.5% (0.075).	3	18,035.
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	
Taxes You Paid	5 State and local (check only one box):	5	
	a <input checked="" type="checkbox"/> Income taxes, or }	5	15,105.
	b <input type="checkbox"/> General sales taxes }		
6	Real estate taxes (see instructions)	6	15,650.
7	Personal property taxes	7	
8	Other taxes. List type and amount ►	8	
	9 Add lines 5 through 8	9	30,755.
Interest You Paid	10 Home mortgage interest and points reported to you on Form 1098	10	30.
Note: Your mortgage interest deduction may be limited (see instructions).	11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ►	11	
	12 Points not reported to you on Form 1098. See instructions for special rules	12	
	13 Mortgage insurance premiums (see instructions)	13	
	14 Investment interest. Attach Form 4952 if required. See instructions	14	
	15 Add lines 10 through 14	15	30.
Gifts to Charity	16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16	145.
If you made a gift and got a benefit for it, see instructions.	17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	17	
	18 Carryover from prior year	18	
	19 Add lines 16 through 18	19	145.
Casualty and Theft Losses	20 Casualty or theft loss(es) other than net qualified disaster losses. Attach Form 4684 and enter the amount from line 18 of that form. See instructions	20	
Job Expenses and Certain Miscellaneous Deductions	21 Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. See instructions. ► Employee business expenses	21	2,224.
	22 Tax preparation fees	22	60.
	23 Other expenses—investment, safe deposit box, etc. List type and amount ► Magazines, and books for investment	23	225.
	24 Add lines 21 through 23	24	2,509.
	25 Enter amount from Form 1040, line 38 25 240,462.	25	
	26 Multiply line 25 by 2% (0.02)	26	4,809.
	27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27	
Other Miscellaneous Deductions	28 Other—from list in instructions. List type and amount ►	28	
Total Itemized Deductions	29 Is Form 1040, line 38, over \$156,900? <input type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. } <input checked="" type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter. } 30 If you elect to itemize deductions even though they are less than your standard deduction, check here ► <input type="checkbox"/>	29	30,930.